Miss Flora Madeline Shaw

In the passing of Miss Flora Madeline Shaw, R.N., president of the Canadian Nurses Association, the nursing profession of Canada and of the entire continent has been deprived of one of its most prominent and important leaders, and the loss is one which, to those who knew Miss Shaw intimately enough to appreciate her depth and breadth of intellect, seems quite irreparable.

Miss Shaw was born on January 15th, 1864, in Perth, Ontario, and was the daughter of the late Henry Dowsley Shaw and Flora Madeline Matheson. She was the granddaughter of Colonel the Hon. Roderick Matheson, who was one of the first settlers of Perth, having located in that district in 1816; and of the Hon. James Shaw, of Smith's Falls, Ontario, both of whom were pioneers in Ontario, members of the Legislative Assembly, and at the time of Confederation both were appointed members of the first Canadian Senate.

Miss Shaw was a niece of the Hon. Arthur J. Matheson, of Perth, treasurer of the Province of Ontario in the Whitby Government, and also of the late Miss Joan Matheson, one of the early graduates of Bellevue Hospital, New York City, who served with distinction during the Riel Rebellion of the North-West in 1885.

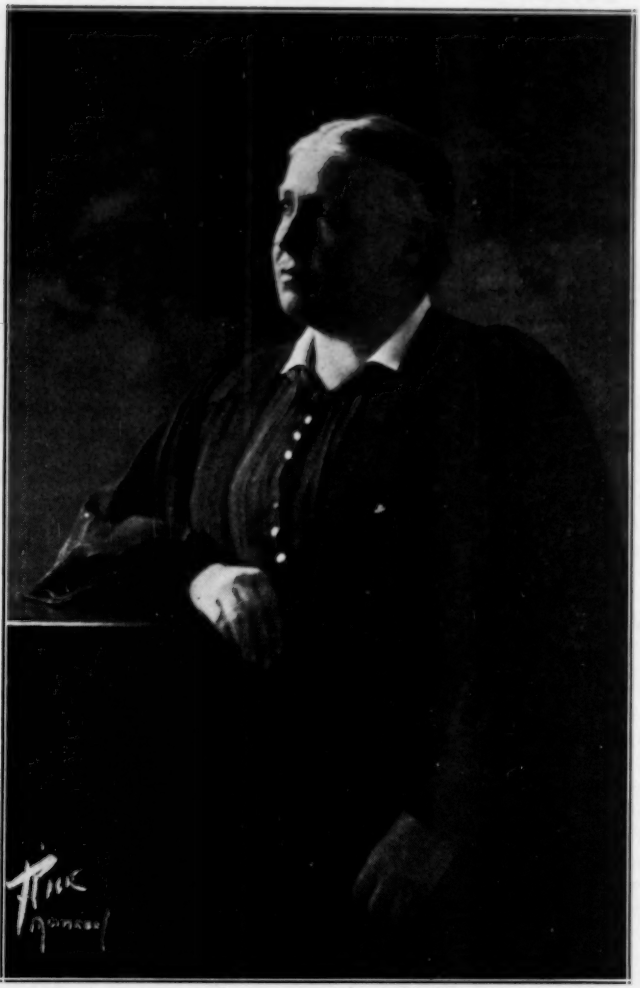
Miss Shaw's early education was received at a private school in her native town and she later attended Mrs. Mercer's Academy in Montreal.

Her professional career started with her graduation in 1896 from the Training School for Nurses, associated with the Montreal General Hospital, Montreal, Quebec, and the following year she became attached to the nursing staff of that school as second assistant to Miss Livingston. At the end of three years she left to take charge of a small hospital for women in Boston, Mass., returning to the Montreal General Hospital in 1900 as Miss Livingston's first assistant, which position she held until the autumn of 1903.

During the next three years, which were spent in New York City, Miss Shaw attended Teacher's College, Columbia University, and received from there her diploma in Teaching in Schools for Nursing, taking charge for a time, also, of the new Florence Nightingale Hall associated with the Presbyterian Hospital, and while there gave instruction in dieteties to the students of that and other schools of nursing in the city.

In 1906 on returning once more to her own school, this time in the capacity of instructor, Miss Shaw started the first preliminary class to be given in any school of nursing in Canada. She remained in this position until January of 1909 when through illness she was forced to retire for a number of years from active nursing service.

After spending some time in England, Miss Shaw returned to Canada in 1914, and became associated during the Great War with the Canadian Patriotic Fund in Montreal; following which, after again spending some time at Teacher's College, Columbia University, she accepted in 1920 the position of Director of the School for Graduate Nurses at McGill University upon its foundation. This position she ably filled and still



MISS FLORA MADELINE SHAW,
President Canadian Nurses Association, 1926-1927

held at the time of her death. This school is the only one of its kind in Canada and was above all else dearest to Miss Shaw's heart. During the seven years of the school's growth one hundred and five nurses have graduated, many of these now holding leading positions in the nursing world throughout Canada and the United States.

Keenly interested in all branches of nursing activities, Miss Shaw was a member of the Executive Committee of the Victorian Order of Nurses in Canada and also of the Board of Management and Advisory Nursing Committee of the local branch of that Order. Alive always to anything which would raise the standard of nursing, she was active in securing important amendments in connection with the Registration Act for Nurses in the Province of Quebec.

Miss Shaw was president of the Registered Nurses Association of the Province of Quebec for four years, resigning that office when she was elected president of the Canadian Nurses Association. As president of the latter Association she represented the nurses of Canada at the Interim Conference of the International Council of Nurses held in July of this year in Geneva, Switzerland. It was while on her homeward journey from abroad that she was detained in the Liverpool Infirmary, Liverpool, England, through what was at first considered a slight illness, but which terminated fatally on August 27th after a very brief period.

Miss Shaw's personality was such as to endear her to all with whom she came in contact, students and associates alike. She was an earnest and devout member of St. John the Evangelist Church, and Superior for many years of the local branch of St. Barnabas' Guild. Possessed of a keen, active mind, a noble Christian character, a progressive spirit, and a vast fund of knowledge regarding nursing affairs throughout the world, her breadth and clearness of vision, unlimited tact and good judgment, devotion to ideals of the highest, with other qualities of leadership, combined to form an outstanding figure: the type of Canadian womanhood whose influence upon the nursing profession of Canada is responsible for the respect in which it is held today.

The influence of her pioneer ancestors shows plainly throughout her professional career, as Miss Shaw was not only a pioneer in the branches of the nursing field in which she was engaged, but became the most outstanding graduate of her own school, one of the most distinguished leaders and authorities in connection with nursing education in her own country, and internationally a well-known and highly-respected figure in the nursing world.

Cut off at the height of her career, but after many years of devoted service, Miss Shaw's work will remain as an important part of the foundation of advanced nursing education in Canada, and her memory will be treasured by her friends and associates.

"A life well spent,
A work well done,
A soul at peace."

Memorial Services for Miss Flora Madeline Shaw

On Sunday, August 28th, a short memorial service was held in the Chapel of the Royal Infirmary, Liverpool, for the members of the nursing staff, when the voluntary was "Oh Rest in the Lord"; the hymns were "Nearer my God to Thee" and "For all the Saints Who from their Labours Rest." There was a short address on the words, "By Faith we Live and not by Sight." On Monday, when the body was removed from the Royal Infirmary, where Miss Shaw died, nurses of the staff formed a Guard of Honour right down to the waiting hearse.

On September 1st a very impressive service was held in the Lady Chapel of Liverpool Cathedral, conducted by Archdeacon Howson, assisted by Canon M. Stevenson. Archdeacon Howson said:

"It was but a week ago that I had arranged to show some of the glories of our cathedral to her whose sudden passing from earthly service we so profoundly deplore. Just a week ago I saw her in hospital and realized the sunshine of her Christian courageousness. Today we gather together in this shrine of noble women to thank God for that earthly service rendered with such wisdom, such wide sympathy and practical sense of the real value of things. It is true that she was known intimately to very few of us, but her career and her strong guiding influence in the noble profession which she had chosen is more than national. She belonged to Greater Britain.

"It is a pathetic privilege to us that she for a short while lies within what I have ventured to call 'our shrine of noble women.' 'A noble life,' says one, 'is not a blaze of sudden glory, but just the adding up of days in which good work is done.' Such was the spirit which inhabited for a while what St. Paul calls the earthly tabernacle, and has now passed on into the Unseen. There are some lines written by Arthur Clough, himself born in Liverpool, which express for us this consciousness of what we like to term the continuity of ministry:

> "We still believe, for still we hope
> That in some world of larger scope
> What here is faithfully begun
> Shall be completed, not undone."

That beautiful profession which Miss Flora Madeline Shaw adorned needs no fitful commendation from any one of us, but it deserves grateful recognition. To it in this service of farewell we pay this recognition to all who have shared and still share with her the joy of ministry. We build up memories in this place with our own Agnes Jones, whose three years' untiring, devoted service crowned an undying achievement, who is not only remembered in this place, but in the chapel of the scene of her labours by the words 'She hath done what she could.' Such is the commendation of the Great Physician Himself, may we say it, the Great Nurse? Nothing better can be desired, no higher recognition can be recorded.

"I love those lines of Matthew Arnold on the life of the great poet Goethe, and I think that, while we dare to apply them to the Master, we may apply them to his servant:

> "He took the suffering human race,
> He read each wound, each weakness clear,
> And struck his finger on the place,
> And said, 'Thou ailest here.'"

"Gratitude for unflinching courage, womanly insight, Christian devotion, well up in our hearts today as we commend her to her last journey, to rest in the country of her birth amid the friends who knew and loved her best, and in the heart of that profession which has now been enriched by a fine unselfishness and a gracious personality. *Laus Deo* for such a life."

Beethoven's Funeral March was played as the procession left the chapel.

Those present at the service, besides many nurses from Liverpool hospitals, included Miss Gill (president College of Nursing, London), Dame Maud McCarthy (representing College of Nursing, London), Miss Lloyd-Still (president, Association of Hospital Matrons, Matron St. Thomas' Hospital, London), Miss Finch (Association Hospital Matrons, London), Miss E. M. Musson (chairman General Nursing Council for England and Wales, and treasurer International Council of Nurses), Miss Sheriff MacGregor (College of Nursing, London), Miss Leggatt (Superintendent of the Cowdray Club, London), Mrs. R. Strong (representing the Royal British College of Nurses), Miss E. J. Haswell (National Council of Nurses of Great Britain), Sir Arnold Rushton (president, Royal Infirmary, Liverpool), and Lady Rushton, Miss Mary Jones (Matron, Royal Infirmary), W. Rutter (General Superintendent, Royal Infirmary), Miss A. Bagnall (Matron, Royal Southern Hospital), Miss Worsley (Matron, Children's Hospital, Liverpool), Miss Bramwell (Matron, Eye and Ear Infirmary, Liverpool), Miss Elliot and Miss L. Cattley (Guild of St. Barnabas), Miss Cauty, Miss Golding, Miss Frazer, Miss Pecker, Mrs. Boumphrey, Miss Gebbie, and Miss Porter (Canadian Women's Immigration).

Miss Florence Emory, Assistant Director, Department of Public Health Nursing, University of Toronto, represented the Canadian Nurses Association.

In Montreal, on September 12th, a service was held at the Church of St. John the Evangelist. The scene within the church during the service for the dead was of unique character. On either side of the bier stood nurses representative of each service of the profession in Montreal, the front row being occupied by additional numbers of uniformed graduate nurses. Beyond them and banked against the chancel screen stood the numerous floral pieces, tributes from the Canadian Nurses Association, the Victorian Order of Nurses, the Child Welfare Association, the McGill School for Graduate Nurses, many hospitals and schools of nursing, also floral tributes from many Nurses' Organizations in Great Britain. The service was conducted by the Rev. W. H. Davies, who also officiated at the requiem high mass which was sung at 8 o'clock. Many nursing and other organizations were represented, including Sir Arthur Currie, principal and vice-chancellor of McGill University; Dean Ira Mackay, of McGill; A. D. Braithwaite, president of the Victorian Order of Nurses; Miss Hurlbatt, warden of the Royal Victoria College; Dr. A. K. Haywood, superintendent of the Montreal General Hospital, and many others.

Present at the service and accompanying the body of Miss Shaw to Perth, where interment took place, were two sisters: Miss Kathleen Shaw and Mrs. T. W. Beeman, and a brother, Henry Montague Shaw, of Perth.

A number of friends and representatives of the medical and nursing professions from Ottawa attended the committal service at Perth.

Editorials

Word of the sudden passing of our beloved president, Flora Madeline Shaw, on the eve of her return to Canada following her attendance in Geneva at the Interim Conference of the International Council of Nurses, came as a great shock to nurses all over Canada. Though Miss Shaw was for the first time serving as President of the Canadian Nurses Association, yet she was well known to Canadian nurses owing to her interest and active participation in Association affairs, and more especially through her contribution to the advancement of nursing education standards as President of the Canadian Association of Nursing Education, and as Director of the School for Graduate Nurses of McGill University. At the time Canadian nurses organized the Canadian National Association of Trained Nurses (now the Canadian Nurses Association) in 1908, Miss Shaw was appointed honorary secretary-treasurer, an office which she held for three years. As one who was associated with Miss Shaw in Nursing Association work, I cannot refrain from mentioning qualities which impressed themselves upon me as typifying her nobility of character: I speak of her generosity, of her broad vision and high ideals, of her rare power of thoughtfully weighing all matters of moment and of pushing to one side the trivial, petty things which so often loom large upon our horizon.

The Association is just now entering upon two enterprises in which Miss Shaw was keenly interested:—The first is the proposed study of Nursing and Nursing Problems for which a joint committee of the Canadian Medical Association and Canadian Nurses Association is working out a plan to be submitted to the two Associations; and the second, that in 1929 Canadian nurses are to be hostesses to the International Council of Nurses. In both of these movements we shall miss Miss Shaw's guidance, but we know what our President expected of Canadian nurses: their earnest study of our nursing problems and hearty assistance and cooperation in the proposed study; and in arrangements for the entertainment of our sister nurses from other countries, a happy and hearty cooperation with our members in Montreal who will act as hostesses for Canada and for Canadian nurses.

In living up to the objects for which our Association exists: the elevation of the standard of professional nursing education, the promotion of high ethical standards, and the encouragement of a spirit of sympathy with the nurses of other countries, we shall develop a national unity and at the same time an international sympathy, and we may thus hope to reach the goal which our early nursing leaders set for us, and towards which Miss Shaw, in her wise leadership, ever guided us. In uniting thus to carry out the plans which Miss Shaw had instituted, we shall honour her whose loss we now mourn.

MABEL F. GRAY,
First Vice-President,
Canadian Nurses Association.

To Canada in 1929

"The reception accorded to the announcement made by the President of the International Council of Nurses that its meeting in 1929 will, by the invitation of the Canadian Nurses Association, be held in Montreal, left no doubt as to the popularity of the decision of the Board of Directors. And so to Canada, land of sunlit prairies, lakes, and rivers, giant mountains, wide spaces and waterfalls renowned throughout the world."*

(*Extract from announcement in the British Journal of Nursing, August, 1927.)

Miss Shaw was looking forward with great pleasure to bringing this good news back to Canada, and to the relating of the many interesting experiences and incidents encountered during our holiday in Europe. No one else can take her place. Without her capable leadership we must determinedly carry on, striving to do all in our power to make this International Conference in 1929 a notable success and a credit to our country. In so doing we will honour Miss Shaw's memory.

She felt very strongly that although Montreal was the popular choice as the headquarters for the 1929 meeting, that Canadian nurses in extending this invitation were assuming a national trust and responsibility, and that it would take the united enthusiasm and effort of every nursing group and of each individual nurse from coast to coast to make this gathering a nationally, as well as an internationally, outstanding one.

In a letter received from Miss Lillian Clayton, President of the American Nursing Association, in which she expresses her sympathy for Canadian nurses and her feeling of personal loss in Miss Shaw's passing, a reference is made to several instances in connection with the week of the Interim Conference in Geneva. Miss Clayton says:

"When a letter from the Chinese nurses was read, stating that they were compelled to withdraw their invitation to the Council, to hold the next meeting in China, and stating their reasons for so doing, Miss Shaw, in a most gracious manner, extended to the Board the invitation from Canada to hold the 1929 meeting in Montreal. She explained that the nurses in every Canadian province were unanimous in their desire to extend this invitation. Her manner in presenting the wishes of the Canadian nurses was charming in its gracious friendliness. It left no doubt in the minds of the many members present as to its genuineness. The acceptance of the invitation was unanimous, and there was a feeling of real pleasure apparent on the faces of everyone as the invitation was accepted.

"Miss Shaw was not only present at the Board meetings, but took an active part in special committee work, so that she was very busy throughout the entire convention. We worked together on the Resolution Committee and it was a real joy to work with her. Her great desire to really express our feeling of appreciation to everyone who had in any way tried to make our conference helpful and happy was apparent at all times. She was particularly eager that we should not fail to express to Miss Reimann our deep appreciation of her personal and professional efforts to make the Conference a success. I do not need to tell you of the response she had from the audience when she presented Canada's invitation at the open meeting. There was great enthusiasm, and again and again we were assured by individual members present of their firm intention, or at least of their keen desire, to come to Canada in 1929.

"Last, but by no means least, I want to add that I had many moments with Miss Shaw outside the meetings, and I shall treasure the memory of them always. We talked of many international problems, and her understanding, her sympathy and her great desire that our Conference and personal contacts should be of lasting value to each and everyone of the nations represented were always the outstanding spirit of our conversations. This same spirit always seemed to radiate from her during the Board meetings, and I think all felt the influence of her kindly, friendly spirit, and this feeling, through her, was extended to the nurses of Canada, and as we left the Conference I know that everyone was glad to think that we would meet again in Canada in 1929, and that in so doing each representative would be meeting a nation that they regarded as a real friend."

Naturally Quebec nurses knew Miss Shaw most intimately because the greater part of her nursing life had been spent in Montreal, also her former students at McGill, many of whom, though they are scattered far and wide, yet realized she was ever ready to give advice or help when appealed to on any subject.

She had been President of the Canadian Nurses Association exactly one year, having accepted office on August 27, 1926, at the Biennial Convention held in Ottawa during that summer.

Miss Shaw was very happy to be representing our National Association in Geneva, and she delighted in the many contacts made at that time as well as in England, going and coming. Dame Maud McCarthy was wonderfully kind throughout our stay, and from the moment the Matron of the Liverpool Infirmary, Miss Jones, greeted Miss Shaw at the ship on her first arrival in Liverpool, throughout the whole journey, and until again when homeward bound, having set out from London to be Miss Jones' guest (later admitted as a patient to the Royal Infirmary), she was graciously welcomed and generously entertained by innumerable professional friends.

At eight o'clock the night before her death Miss Shaw wrote, "I am surrounded by care and kindness and have so much to be thankful for." In the early morning of August 27th she passed away, "having gained her desire for a nearer, fuller vision of her Blessed Master."

ELIZABETH L. SMELLIE.

The Canadian Nurses Association most gratefully acknowledges the numerous messages of sympathy which have been received following the death of our beloved President, Miss Flora Madeline Shaw. Some of these messages, accompanied by floral tributes, came from our affiliated associations.

Cablegrams and letters received from nurses in other countries are published below:

International Council of Nurses: Sincerest sympathy. Miss Shaw's great interest and assistance in international work deeply appreciated.

The League of Red Cross Societies, Division of Nursing: We have just learned of the death, in England, of Miss Shaw and wish to express to you and the Canadian nurses our very deep sympathy for your great loss. It is a loss that will be felt by nurses far beyond the borders of your country, for Miss Shaw, as a leader and educator and through her personality had made herself loved and respected wherever she was known. Nurses, internationally, will share with you your sorrow. Would you be so good as to communicate to the members of your Association our condolences and deep regret at the death of her whom we considered also as one of our leaders?

College of Nursing (England): The College of Nursing sends messages of deep sympathy on the sad loss of your President.

Dame Maud McCarthy: Please convey to all members of the Canadian Nurses Association deep sympathy at the loss of their beloved President.

Danish Council of Nurses: We want to express our sympathy to the Canadian Nurses Association, having been informed of the great loss suffered by the Association by the sudden death of its President, Miss Shaw.

American Nurses Association: It is with the deepest feeling of regret that I have just heard of the death of Miss Shaw, President of your National Nurses Association. I hasten to extend to the members of your organization the deep and sincere sympathy of the members of the American Nurses Association. All of our professional con-

tacts with your organization, under Miss Shaw's leadership, have been most helpful. We are filled with a feeling of personal as well as professional loss, as we send this message to you.

The news of Miss Shaw's death comes as a very special shock to me. It seems such a very short time since we spent so many pleasant and profitable hours together in Geneva. We were together, not only at the Board meetings of the international organization and on special committees, but we had many personal contacts, during which time we talked over many international problems, and her understanding and sympathy and her great desire that our Conference and personal contacts should be of lasting value to each and everyone of the national organizations represented, was always the outstanding spirit of our conversation.

With sincere personal and professional sympathy,—I am, very sincerely yours,

(Sgd.) S. LILLIAN CLAYTON,
President.

The following message has been received from Mrs. T. W. Beeman and Miss Kathleen Shaw, of Perth, Ontario, sisters of our President, Miss Flora Madeline Shaw:

> The sisters of F. Madeline Shaw wish to express their appreciation of the words of esteem and beautiful flowers sent in her memory, and are grateful for the sympathy extended to them by the Canadian Nurses Association.

The Interim Conference of the International Council of Nurses

When a very brief note of the Interim Conference was prepared for publication in the September number of *The Canadian Nurse* we were looking forward to publishing in this issue the report of that Conference by our President, Miss Flora Madeline Shaw. In order that our readers may be informed of what transpired at the Conference the following material, collected from various sources, is being published.

The Conference was held in Geneva, Switzerland, during the last week of July, 1927. Seven hundred and eighty-four nurses, representing thirty-four countries, were in attendance. Fifteen of the nineteen affiliated national organizations were represented by delegates. Miss Nina Gage, president of the International Council, presided over the opening evening session on July 27th. The address of welcome was given by M. Jean Uhler, representing the city of Geneva. Others who made addresses were: Dame Rachel Crowdy, representing the League of Nations; Miss Martha Mundt, representing the International Labour Office; Mrs. Maynard Carter, representing the League of Red Cross Societies; M. Gustave Ador, President of the Committee of the International Red Cross; Miss Clara D. Noyes, National Director, Nursing Service, American Red Cross, and Dr. Renee Girod, representing the alliance of Swiss hospitals.

On Thursday morning Mrs. Bedford Fenwick, founder of the International Council, and president of the National Council of Nurses of Great Britain, presided. Each member of the Board of Directors, introduced by Miss Nina Gage, briefly conveyed to the Conference the greetings of her country. At this session the general topic was "Advantages and Disadvantages of Standardizing Nursing Technique," introduced in a paper by Mrs. Bedford Fenwick, which was followed by "A Few Facts About Scientific Management in Industry," by Mr. Percy S. Brown, deputy director, International Management Institute. Other excellent papers were: "Application of the Taylor System in the Nursing Ser-

vice of the Children's Hospital, University of Vienna," by M. Hedwig Birtner; "Research in Connection with the Standardization of Nursing Technique," by Miss Lillian Clayton, president, American Nurses Association; and "Standardization from the Point of View of the Public Health Nurse," by Miss Elizabeth L. Smellie, chief superintendent, Victorian Order of Nurses, Canada.

The afternoon was devoted to a demonstration of nursing procedures, given by schools of nursing of various countries.

At this session it was announced that as the Nurses Association of China had been compelled to withdraw their invitation for the International Congress to meet in Peking in 1929, the Board of Directors had accepted the invitation of the Canadian Nurses Association for the Congress to meet in Montreal in July or August, 1929.

Six Round Table Conferences were held simultaneously on Friday morning. Subjects discussed were: "Methods of Supervision and Record-Keeping in Schools of Nursing." "Supervision and Record-Keeping in Public Health Organizations," "Newer Developments in Private Duty Nursing," "Principles and Adaptations in Pioneer Nursing." "Ways and Means of Promoting Professional Proficiency and Personal Development of Trained Nurses Working on Staffs of Hospitals and Public Health Organizations," "The Nursing Profession in Relation to Mental Hygiene."

At the afternoon session excellent addresses were given on the League of Nations by Dame Rachel Crowdy and Dr. F. G. Bondreau, followed by a visit to the Palace of the League.

Miss Flora Madeline Shaw, president of the Canadian Nurses Association, presided at the evening session, when the general topic was "Ways and Means of Promoting the Power of Observation and Scientific Reasoning in our Student Nurses." The speakers were: Dr. Clemens Pirquet, of the University of Vienna; Miss Marion Durell, superintendent of nurses, New York City Hospital; Miss Gertrude Hodgman, assistant professor in Yale University School of Nursing; Dr. W. Weisbach, director of the Academy of Hygiene, Dresden, and Miss Mary K. Nelson, superintendent of the American Hospital at Constantinople.

Saturday morning was spent at the International Labour Office and in the afternoon a most enjoyable time was spent in a trip on the Lake of Geneva.

The final session on Saturday evening was presided over by Mlle. Chaptal of France. The subject of "Uniforms and Equipment for Nurses" was opened for discussion in a paper written by Major Julia C. Stimson, superintendent, Army Nurse Corps, United States of America.

The closing addresses were given by Mlle. Marja Babicka, of Poland, and Mrs. Rebecca Strong, of Scotland.

Quoting from *The Nursing Times* of August 13th:

> "One more impression, the closing session of the conference, and the last words spoken by that wonderful veteran nurse, Mrs. Rebecca Strong: "And so—on to Canada!" With these words ringing in our ears we must all surely unite in making the road to Canada easy, perfect, and above all a road on which a united nursing profession can travel in happy comradeship. Different points of view on the problems waiting to be solved there must always be: no profession is without them; but surely, with happy memories of Geneva and the other great conferences, with Canada already stretching out hands of welcome to meet us in two years' time, above all, with the great call of suffering humanity all around us needing our help, each one of us can seek honourably and straightforwardly points of agreement rather than the reverse and, with Mrs. Strong's watchword as our standard, "On to Canada."

Registration of Nurses in the Province of Quebec

By MARY A. SAMUEL, Montreal

An editorial in the March issue of "The Canadian Nurse" stating that registration of nurses with the passing of a bill by the Legislature of the province does not safeguard the profession from further troubles and difficulties was clearly illustrated by the experience of the nurses of the Province of Quebec during the recent session of the Legislature.

In view of the fact that a good deal of publicity was given to the threatened danger to the Nurses' Bill, it may be of interest to other nurses to know a little more about the cause of the trouble and its final termination.

An association of medical men, The College of Physicians and Surgeons of the Province of Quebec, had prepared an amendment to the Quebec Medical Act to be presented to the Legislature in January, one section of which read as follows:

"To control the admission of women to the study and exercise of the profession of nursing. Define the nature and scope of their required knowledge. Define their duties and require them to register on a register kept for that end and make conditions governing this registration."

A copy of the amended act having been sent to the Dean of the Medical Faculty of McGill University, he immediately brought it to the attention of the President of the Provincial Nurses' Association.

A joint meeting of the Committee of Management and the Advisory Committee was at once called and it was decided to consult the hospital superintendents and some of the leading members of the Medical Faculties of the two universities, McGill and the University of Montreal, the latter being specially concerned on account of the effect such a law, if passed, would have on their Department of Public Health Nursing.

As a result of this special conference a meeting was arranged with the chairman of the committee who had prepared the amendment to the Medical Act, and who was directly responsible for the clause in question. It was evident that the members of this committee were either ignorant of the existence of the Registered Nurses' Association or quite unfamiliar with the requirements of the nurses' law, as they had changed the opening sentence of the section first prepared to read:

"To establish a higher degree for nurses in the province and to determine the nature and extent of knowledge required."

Acting on legal advice, the Association sent a petition to the Prime Minister praying that the power asked by the College of Physicians and Surgeons be not granted as it would be detrimental to the Association and deprive it of its acquired right, granted to it by the Legislature in 1920.

The nurses had the strong support of hospital governors, superintendents and the majority of leading physicians and surgeons connected with the medical faculties of the two universities.

A small delegation of nurses, consisting of the president of the association, one member of the Advisory Committee and the Professor of the School of Public Health Nursing of

(Read at the regular monthly meeting of the Association of Registered Nurses of the Province of Quebec, May, 1927.)

the French University, went to Quebec in the interests of the Association and were present, as were also the two Deans of the Medical Faculties and other prominent men who loyally supported the nurses' cause.

The Medical Bill came up on February 9th, and occupied the attention of the Public Bills Committee for an entire morning.

The meeting was presided over by the Prime Minister who, upon asking why the College of Physicans and Surgeons demanded the control of nurses, was answered by the lawyer for the College that in hospitals maintaining training schools for nurses and controlled by religious sisters there might be no representative of the Provincial Nurses' Association, and therefore, nurses trained in these institutions were not qualified to be members of the association; that registration was monopolized by the Association and he thought doctors should have a right to grant certificates to those competent and who comply with the regulations.

The Prime Minister expressed his belief that it was not desirable that this power should be in the hands of two bodies. He also thought the examination of the Association was a strict one and sufficient to protect the nurses as well as the community; that if there were two examinations the tendency would be to "ease off," resulting in less competent nurses than at present. The Dean of the Medical Faculty of the University of Montreal and the Dean of the McGill Faculty both stated that the present method was satisfactory, and others expressed the same opinion.

The Prime Minister then suggested that the difficulty be overcome by giving the universities power to appoint two sisters to a hospital under the control of a religious community, and that these sisters so appointed should be members of the Association without examination. This would enable them to conduct schools for nurses according to the law, provided the requirements were met in other respects.

The committee again met the following morning when, after some discussion, this proposal was accepted in the form of an amendment to the Medical Act and both doctors and nurses expressed the desire to co-operate in the best interests of the nursing schools. The amendment read as follows:—

"Universities to which hospitals are affiliated shall have the right to designate two nurses per hospital, as having to form part of the Association of Registered Nurses of the Province of Quebec, and after such designation such nurses shall be registered and shall enjoy all the privileges of members of the said Association." — From an Act to amend the Quebec Medical Act.

As has been repeatedly stated, the nursing situation in the Province of Quebec differs in some respects from others of the Dominion, so perhaps a short explanation of present conditions may be of interest.

First of all we have schools for nurses conducted in two languages, French and English, and as many of our graduates are familiar only with one language this makes it necessary to have two distinct boards of examiners; in fact, this, and that one vice-president be French, are required by law.

As stated in Article IV of the by-laws of the Association, there shall be three standing committees, viz.: Nursing Education, Public Health and Private Duty. Each of these committees must consist of two groups, French and English, acting under separate conveners and meeting separately or together as arranged by the conveners.

The Association has been very fortunate in the registrar appointed two years ago, for not only is she

most efficient and capable, but she also speaks and writes French fluently, which is a wonderful asset for anyone holding an official position in this Province. All printed matter must be in both languages and all reports at annual meetings given in both French and English.

Another situation in which we are unique is that the majority of schools for nurses are conducted in connection with French hospitals and directed by religious communities, some of which have schools for nurses in the United States as well as in our western Provinces. These have been long established and many excellent nursing sisters are registered here and elsewhere.

As however, there are some of these French schools under the direction of sisters coming direct from France and who are not as familiar with our methods of teaching, it is on their account the doctors on the staffs of these hospitals desire to secure for them membership in the Provincial Association of Nurses in order that they may carry on in their schools according to the minimum requirements of the law.

The fact that universities of the Province may grant diplomas to nurses under certain conditions, and that a nurse holding such a diploma may be registered without further examination is already well known.

The University of Montreal requires a definite standard of schools for nurses affiliated with the university. So far, only five have attained this distinction. As yet, the Committee of Management has not been able to obtain very definite information from Laval University in Quebec City on this question, but the Association has recently approved three French schools for a certain length of time that are at present affiliated with Laval.

In order to adequately meet the situation brought about by the passing of the Medical Act, it is very probable that the Association will again have to apply to the Legislature to amend the Nurses' Bill. With this in view, it is most important that every effort be made by all nurses to inform themselves of the legal status of the profession in their Province, and thus be prepared to give intelligent information to those interested and who may be of great assistance when the time comes for further legislation.

Every alumnae association should seek to familiarize its members with the reasons for and benefits of registration, and this perhaps can best be done by tracing the history and growth in the Province where the association is located.

Not long ago a young probationer surprised her instructor by asking her to explain what registration of nurses meant. May this not possibly mean that just here is where instruction should first be given?

BACK COPIES WANTED

The Secretary, Department of Public Health Nursing, University of Toronto, wishes to obtain May, 1919, July, 1920, January and July, 1922.

Miss Jean Gunn, Toronto General Hospital, would like April, 1923; March, 1918, is required at the National Office, 511 Boyd Building, Winnipeg, Man.

Any of our readers who are able and wish to contribute any of these copies wanted are asked to send them direct to the addresses as above.

The Federal Department of Health has published a Confederation Diamond Jubilee edition of the Canadian Mothers' Book. This edition is more fully illustrated and contains more material than previous edition. Orders for copies should be sent to **Dr. Helen MacMurchy, Chief, Division of Child Welfare, Department of Health, Ottawa.**

Nursing Problems

By Dr. STEWART CAMERON, Peterborough, Ontario

(Paper Given at the Conference of Medical Services, Ottawa, March 30th, 1927)

When your committee asked me to prepare a paper dealing with some of the problems confronting the nursing associations as they relate to medicine, I believed the effort would not be difficult, but the more one delves into the subject the more complicated and far-reaching it becomes. May I ask your indulgence, therefore, if I hurriedly pass from one topic to another, that I may attempt to present the salient points in this very important subject.

Last August, as the representative of the Canadian Medical Association, I had the pleasure of attending the Biennial Convention of the Canadian Nurses Association, held in the city of Ottawa. Needless to say, I was delightfully entertained by the Association and more than amazed at their numerical strength. There were registered in Ottawa over seven hundred and fifty nurses from all sections of Canada. In addition, representatives were present from different parts of the United States and from the United Kingdom. Perhaps the unveiling of the splendid panel erected by the nurses of Canada as a memorial to those of their number who had given their lives in the Great War had something to do with the large gathering. The presence of Dame Maud McCarthy, representing the nurses of the Motherland and typifying in herself the splendid character of the British nurses, no doubt attracted many. All this had something to do with the large gathering, but when one saw the splendid spirit that prevailed among them one could quite understand that special inducements were not necessary to procure a very representative meeting.

The first thought that struck me was the fact that this splendid organization had grown up in this country to its present proportions and influence without any real contact with the medical profession. Notwithstanding the fact they were all trained in hospitals under the direction of and in close working contact with physicians and surgeons, yet, in their national organization, and I think I am right in saying, in their provincial organizations, they have no official connection with the profession with which they are so closely related. Naturally one asks, "Why is this?" Many answers are forthcoming, some of which might be disquieting if we did not have a confident belief in the aggregate good sense and fair-mindedness of those who are directly or indirectly responsible for the care of the sick. I am sure that a mutual basis of understanding exists and that, with a little patience, and adequate knowledge of the facts, and a clear vision, we can reach that goal and build thereon a structure that will co-relate and fairly appraise all these factors which enter into the practice of medicine in its best and widest sense. As a constructive point in this direction, may I direct your attention to a resolution passed at the recent meeting of the Canadian Nurses Association, appointing a committee to consider closer relationship between the Canadian Medical Association and organized nursing.

In presenting to you some of the nursing problems as they appear to me, I would ask you to follow briefly with me the development of nursing as it is practised in Canada today. Nursing was introduced into this country, I presume, by the religious orders, many, many years ago, and was entirely in their hands until quite recent years. If we examine

the history of this profession we will find that it has made its advances along lines parallel to the advances made in medicine, so that from the first the trained nurse has been the assistant of the physician in the care of the sick. It is not so many years ago that hospitals were comparatively few and usually confined to the larger centres of population. Nursing at this time was looked upon as the correct work for many young women of education and refinement; consequently our hospitals, in place of industriously seeking for undergraduates, found them clamoring to be accepted. The work in the hospitals during those earlier years was largely confined to various forms of housekeeping and the administration of medicines in abundance. Surgery, and all that is embraced in the word, had comparatively little place in our earlier hospitals. As time went on, however, the rapid and revolutionary advances made in medical science demanded quite different service from the nursing staff, and so it has been down through the years, step by step, with the expansion of medicine new obligations and new responsibilities were placed upon the hospitals and those responsible for the nursing service. Hospitals, from an economic standpoint at least, were very glad to accept young women as pupil nurses because it solved, in a very large measure, the expense of the actual nursing of the patients. There is another point which we must not lose sight of at this time, namely, the fact that there were comparatively few trained nurses in the country and that hospitals were really compelled to prepare their own nursing staffs. As hospitals increased in number, so did training schools, and I think we may say that wherever a new hospital came into existence, a training school for nurses was established. As the years passed, it was found that the curriculum of study in these various schools differed a great deal. The preliminary educational requirements were as varied as the curricula. With the advances in medicine, new duties and new responsibilities were placed upon the nurses, and those directing the training of these young women felt that increased medical education must be given so that they might render the most efficient service to the patients in the wards under the direction of the physician. In the earlier days of the training schools the theoretical work was given very largely by the medical staff. The arrangement of subjects and the extent of the studies was left entirely to the superintendent of nurses. Naturally the standard of requirement varied according to the ambitions of those in charge of the nursing school, and with the demands made upon the nursing staff by the physicians and surgeons in attendance at the hospital.

Experience gradually taught that some attempt should be made to standardize the teaching in the various hospitals throughout the country. It was felt that if uniform preliminary educational requirements could be secured, it would be a great benefit to both the students and the teachers. Secondly, that some minimum standard of theoretical and practical instruction should be insisted upon and that competent instructresses, particularly in the classroom and the ward, should be secured. To most of us, it seemed really a very reasonable step, but it is somewhat surprising to find that in some of our provinces many years passed before the necessary legislation was secured. Today, I am glad to say, all the provinces, with the exception of Prince Edward Island, either have or will have in the very near future, special legislation setting forth the minimum preliminary education necessary and the minimum requirements for a graduate nurse to be admitted to the provincial examinations after which, if she is successful, she is granted the diploma of Registered Nurse. Thus we have attempted to sketch very briefly the history of

nursing in Canada from its inception down to the present.

With this historical background in mind, we can readily see the very rapid developments that have taken place, and with these developments many difficulties and problems have arisen. It is to these problems that the leaders of nursing throughout Canada are at the present time devoting a great deal of their attention, and it is because of these difficulties that some of our misunderstandings have developed.

First of all, as to the nurse herself. We have heard a great deal of comment upon the division of their hours of duty. In most hospitals twenty-four hour duty is not permitted. Some of us, many of us perhaps, felt that this was not a wise step on the part of the nurses as it increased the financial burden, to a very great extent, upon those who were so unfortunate as to require the services of a trained nurse. That is quite true, but, on the other hand, is it quite fair to expect that a nurse's hours of duty should be longer, by a considerable degree, than those required in any other service in the country, excepting perhaps domestic service? I think the time has come when we will have to recognize that the nurse is as much entitled to her regular hours of duty as the workmen in any other employment. The care of the sick, from the nursing standpoint, will have to be met in some other way than by placing an unfair burden upon the nurse. Here then we come into contact with one of the big problems with which nursing organizations are wrestling today. It would appear to be that, from an economic standpoint, it will always be impossible to provide the public with full-time bedside nursing done by graduates. One of the alternatives, therefore, which is being tried is that of hourly nursing; that is, nursing service somewhat along the lines attempted by the Victorian Order of Nurses, only extended to paying patients. Under this plan, a graduate nurse visits, during her hours of duty, a certain number of patients. She does what work is necessary for a graduate nurse to do and gives instruction to some person in the household responsible for the care of the patient between the visits of the nurse. It has been found that in a number of cases this is a very satisfactory plan, and as the cost of the visiting nurse is divided among a number of families, the expense is comparatively light upon each.

This plan of hourly nursing would require a control registry where nurses, sufficient in number to care for the work attempted, register, and it is to this registry the doctor would turn when he required the services of a part-time nurse.

The above system presupposes some person in the home capable and willing to carry out, in the intervals between her visits, the instructions left by the nurse. The providing of this woman is a matter that is receiving a good deal of attention from various public service organizations as well as from nursing groups. The question is one of domestic help as well as nursing care: How best to attract the right kind of pupils, train them for the service rendered and then successfully introduce them to the public, is something that requires time and much study. Might I suggest, for consideration, that the experiment being tried by the Red Cross in Toronto—that of providing visiting housekeepers—might be extended to include such instruction in the care of the sick as would enable the housekeeper to give the required attention to the patient in the intervals between the nurse's visits. If an experiment of this kind should prove applicable in a wider sense, might it not point the way to a solution of the practical nurse problem?

A method of group nursing has been introduced in some hospitals in the United States and, from what I can learn, is proving fairly satisfac-

tory. Under this plan the hospital engages the nurse on a salary and then sells to the patient her services for the number of hours of attendance required. I believe there are difficulties in the way of carrying out this form of nursing, but it unquestionably offers splendid advantages to the public and I think should be very thoroughly investigated before we pronounce upon it finally.

Following the general lines of community welfare, we have that of public health nursing, a work that has become very popular in the last ten years. The great impetus that was given to preventive medicine by the war has been responsible, in no small degree, for the fairly rapid expansion of this important work on a peace-time basis. The Federal Government has organized a department of Public Health, over which presides a Minister of the Crown. In several of the provinces the matter of public health is recognized to the extent of having a portfolio allotted to this particular work or else being an important department under a Minister with divided duties. This expansion has offered a great deal of work for the nursing profession and is perhaps today the most promising and popular field into which go our graduate nurses. We might, for convenience sake, group under this head all those nursing activities which have to do with school nursing, immigration inspection, tuberculosis nursing, and other forms of community work done under health organizations, such as baby clinics, farmers' institutes and the various welfare and public service organizations found in many parts of the country. The varied and widespread attempts at a service of this kind show the general need and, furthermore, the necessity for careful organization of these activities so as to prevent overlapping and the needless waste of effort and money. When we stop to consider the multitudinous activities which devolve upon the public health nurse, we quite believe that her training cannot be too varied or too comprehensive. She is not only to be a nurse, but she requires a knowledge of practical public health work, hygiene, housing conditions, a knowledge of clinical medicine, surgery and obstetrics, and an abundance of tact and diplomacy to manage the public among whom she is going to work. It naturally follows that the nurse to be possessed with such qualifications requires a training somewhat different to the nurse who is going to remain in private duty, or who is going to devote her time to executive or institutional work. This fact has been recognized by our educationists, working in co-operation with the teachers of nursing, to the end that we have established in several of our Universities a Department of Public Health Nursing extending over four years and covering the field which I have above indicated. These courses may not be perfect, but they are a beginning, and no doubt with time and the co-operation of the various units interested this department of hospital and university instruction will become a considerable factor in public health education.

There is a point just here which was rather impressed upon me at the Ottawa Convention; that is, the attitude of the medical profession towards the public health nurse. There seemed to be a feeling, and perhaps justly so, that the profession was not kindly disposed towards the innovation, and that the nurse found considerable difficulty in getting a start in the community because of the unfriendliness of the doctors. Medical men present, who have a considerable knowledge of general practice, will admit that there is a good deal of truth in this, but, as I replied to the nurses at the time, public health work is comparatively new. It dates back only some ten or twelve years. The medical profession is notoriously conservative and time is very necessary in securing the profession's help and co-operation. Some of the older

physicians may never accept the idea of the public health nurse. But the younger men, if they are given a proper understanding of public health work in their university course, should go out to their fields of labour prepared to co-operate with the service supplied. On the other hand, we as a profession know that the nurses have not always been of the diplomatic kind. In some instances, when a little tact and persuasion would have won the day, the nurse rather tried to demonstrate the superiority of her knowledge and position. The above statements only go to show that if the public health nurse or the community nurse is to be successful the very highest type of women must be selected and, further, that she cannot be too carefully trained in the work in which she is to engage. Any difference of opinion that exists can be readily removed if there is a frank interchange of ideas among the various parties affected by this comparatively new work. It is a development that is bound to increase and constantly offers a widening field for nursing activities. It is important, therefore, that the scope of the nurse should be carefully determined; the system sympathetically explained to the physician and his intelligent co-operation secured, if the best results are to follow.

The extent to which the undergraduate should be taught public health work appears to be a matter of considerable moment, and quite varied beliefs are held by different teachers. Personally I do not think that the undergraduate nurse should be given more than an intelligent knowledge of public health teaching. The pupil nurse in our training schools is being taught to care for the actually ill; in other words, she is being trained for private duty whether it be in the hospital or in the home. To my mind there is a distinct difference between the nurse who is going to remain in private duty and the one who is going to do public health work, and we should not confuse the two.

If a nurse, after she has completed her undergraduate study in an approved training school, desires to engage in public health nursing, a means is provided whereby she can secure a post-graduate course in one of our universities, and this, in addition to her hospital training, qualifies her for a variety of public health appointments. On the other hand, if she is going to do private duty work, I see no reason for burdening her mind with unnecessary public health problems.

Furthermore, if it should be her wish to devote all her time to some special type of private duty work or, on the other hand, if her peculiar abilities attract her to administrative or instructional duty, we should see that our educational system makes the necessary provision. In this way trained executive and teachers would be provided for our hospitals.

This brings us to a consideration of the training schools. We remarked in the forepart of our paper that as soon as a hospital was established, invariably a training school was organized. You will agree with me that under such conditions the opportunities for training a nurse must vary very greatly. We have in Canada a large number of hospitals with from 15 to 25 beds, with one graduate nurse in charge. We have many hospitals under 50 beds with perhaps two graduates directing the management of the hospital and training the pupils. Considering the magnitude of our country, we have comparatively few hospitals of over 100 beds. I mention this simply to show the limited facilities many training schools have for teaching and the limited opportunities the students enjoy of seeing a large variety of clinical material. Mark you, I am not criticising the instruction, simply the facilities and opportunities offered. Here then is another problem which the nursing groups through-

out Canada are endeavouring to solve. It is a question for serious consideration whether training schools should be continued in hospitals of 5 beds and under. The most popular as well as the most potent argument in their favour is one of economy. If pupil nurses are not employed, we are led to believe the hospital would have grave trouble in carrying on. From some very interesting figures secured from Dr. F. Routley, general secretary of the Ontario Red Cross, I gather that this conclusion needs careful consideration. He compares 14 hospitals averaging 18 beds each and having a training school, with 14 hospitals carrying an equal number of beds and no training schools. The deduction shows practically no difference in the cost per diem per patient; the exact figures being, with schools $3.37, and without schools $3.39. If it can be shown that this is substantially correct, when dealing with the large majority of small hospitals, I suggest that the chief argument in favour of the small hospital—that of economy—loses its force; that being the case, is there any good reason why the small training school should continue to teach and graduate nurses? Thorough investigation of this whole subject in so far as Canada is concerned, might show that hospitals of much larger capacity could be better and just as economically managed without training schools. Continuing this reasoning, if we could place in a non-training school group all hospitals of, say, 35 beds and under, we would open up a considerable additional field for the graduate in private and institutional work. On the other hand, we would eliminate from the graduate ranks many of those who were trained formerly in the small hospital. The net result should be extremely beneficial to the patients and incidentally to the nursing profession.

Could we not then make a genuine attempt to grade or standardize the remaining schools? Have a minimum educational requirement for entrance, a uniform curriculum properly apportioned to wards and class-room study. Further, the training school should have a minimum number of graduate nurses trained for ward teaching and academic instruction. We believe this would be absolutely necessary if a proper balance is to be maintained between the theoretical instruction and the practical application at the bedside. Only with sufficient instructresses can the students be checked up on their practical work, which should at all times take a commanding place in their course. Lastly, there should be supplied suitable accommodation for their study, in the way of class-rooms, library, and living quarters.

Another interesting phase of this question is the exchange of nurses, for training purposes, between hospitals doing distinctly different types of work. We have, besides general hospitals, in many of our larger centres, hospitals exclusively devoted to the care of contagious diseases, tuberculous disease, diseases of children, etc. Or it may be that the general hospital leaves to the special hospital the care of those who require the treatment given in these special institutions. In some places, the exchange of nurses has been in operation for some time, and I believe is giving a fair degree of satisfaction both to the hospitals and to the students. This is a field that should offer opportunities for much development. I submit that no nurse should graduate without being familiar with the nursing of contagious diseases and the nursing and care of children, particularly if she is going to do private duty.

While travelling in Western Canada last summer, we heard a good deal of discussion about hospitals and the position of the graduate nurse when she sought employment among our neighbours to the south. This same question was encountered in the east. Apparently it has had considerable to do with the develop-

ment of our training schools. I am not familiar with all the aspects of this case, but in a general way I would say that the primary duty of Canadian hospitals and training schools is the care of those committed to them for treatment; that the education of the nurse should be along lines that would be suited to Canadian service. I think the question is analogous to the development of our medical colleges. Had we in days gone by looked outside ourselves for guidance, I doubt very much if medical education in this country would today hold the enviable position which it does. Can we not organize and develop our training schools to such a degree of perfection that our graduates will receive unquestioned standing wherever they go?

I have no doubt that you will wonder in your own minds who is going to pay for all this. Quite true, and this is where the medical and nursing staffs come into direct contact with the hospital boards. It is for this reason that there should be very close co-operation among the three units. In many of the hospitals in Canada the board represents the taxpayers, hence our hospital boards will be, to a considerable extent, governed in their action by what they believe to be the desire of their constituents. If we stop for a moment we will see that these very constituents may become patients in the hospitals, and the better they make the hospitals and all that enters into their management the better will they be cared for when sickness overtakes them. If systematic and intelligent education of the public is carried on with regard to the needs of the modern hospital I have little fear for the verdict of the taxpayer. In this fair land there are taxes at which we shy, but I venture to say that it is the rare exception for an intelligent appeal for hospital funds to receive a negative response.

There are many other points about which I would like to speak, but time and your patience have been lenient: to the discussion, therefore, I leave these.

In conclusion, may I say that in making a study of this subject we must take a broad and comprehensive view. We should endeavour to bring together representatives of the Canadian Nurses Association, representing organized nursing; representatives of the Canadian Medical Association, and representatives from the Association of French Physicians and Surgeons. A third group that must be included is the Provincial Hospital Associations, or, if no such association exists in a province, then representatives from the boards of some of their representative hospitals. These bodies are primarily interested in the care of the sick and the work which they do is all focused on the patient. With these groups as a nucleus, other associations could be approached for information or assistance, whether in Canada or elsewhere, and a reciprocal interchange of ideas and plans introduced that would be of great benefit to all. Here, as elsewhere, many bodies, secular as well as scientific, are interested in the prolongation of human life and the care of the sick, but so far there has been little co-relation of their efforts. As a member of a profession with a comparatively long history in Canada, might I suggest that the Canadian Medical Association act as sponsor for this idea: that it take the responsibility for inviting these groups to a conference, say at the Canadian Medical Association meeting in Toronto in June, with a view of organizing such a study.

This will not be a simple matter. The sparseness of our population, together with the great distances, make frequent meetings impossible. I, therefore, think that out of a general discussion, such as we might have in June, definite plans could be evolved for gathering ideas, opinions and data in general, which could be discussed and co-related at a number of zoned meetings held at suitable points throughout Canada. At a gen-

eral conference to be convened at a future date the deliberations and conclusions of these meetings would be presented. The general conference could then formulate specific plans which might be sent on to the original groups composing the conference for their individual consideration, after which the reports of the individual groups could be considered by the conference. If a reasonable unanimity was found to exist, recommendations, based on this unanimous approval, might be forwarded to provincial bodies, having judicial authority, for their action. To successfully conduct such an investigation funds would be necessary. Again, the Canadian Medical Association might be approached with a request that they consider ways and means of financing the undertaking.

I have been specific in my recommendations for this joint meeting because, judging from the letters and literature which I have received from all parts of Canada, there is a great deal of unrest and just a little tendency for some long range firing among the groups directly interested; hence the sooner we get the study under way to the satisfaction of all, the nearer we will be to an amicable solution.

Dedication Ceremony

Dedication of the Altar in the Memorial Chamber, Peace Tower, House of Parliament, by His Royal Highness the Prince of Wales

By EDITH C. RAYSIDE, B.A., R.R.C., M.H.Sc.

A short time before the third of August I read an account of the Order of Ceremony of the Dedication of the Altar in the Memorial Chamber, and in imagination tried to visualize the scene, which would be so beautiful and so impressive, and for a moment I wondered which nursing sister would represent the Nursing Service, but in the daily round of common tasks this was soon forgotten. Imagine my surprise on receiving a long distance call from Ottawa asking me to be the one. Our Matron-in-Chief had given my name to Headquarters and I could not refuse to accept the honour and was highly appreciative of such a privilege. Next day came the official invitation and instructions stating that service uniform, with veil, decorations and medals, was to be worn.

On arrival in Ottawa I reported to Colonel Osborne's office, where I received full instructions. At 2.15 p.m., the appointed time, I presented myself at the Parliament Buildings, and by 2.30 p.m. everyone invited to attend the Ceremony had arrived and been given his or her appointed place. There were 47 persons in all and there was some very special reason for each one present being invited. Included in this number were the Prime Minister of Great Britain and Mrs. Baldwin, who arrived at 2.45 p.m. and were conducted by the Prime Minister of Canada into the Memorial Chamber, which is a small room on the first floor of the Tower and is a sanctuary of rare beauty and deep significance. The walls and the vaulted ceiling are of Chateau Gaillard stone, a present from the people of France; on marble panels around the walls is graven the story of Canada's achievement, surmounted by typical emblems and figures harmoniously grouped in neutral decoration. The three separate windows unite in the general scheme, displaying the ideals and principles underlying the Call to Arms, Remembrance and Peace. In the centre of the Chamber is the Altar, a massive stone ornamented with the Royal Arms, the Arms of Canada and of the Provinces, the gift of Great Britain. On this

Altar rests the Book of Remembrance in which will be recorded the names of 60,000 Canadians who gave their lives in the Great War. The Union Jack covered the Altar.

Programmes of the Ceremony were distributed among the thousands of people who had gathered outside on Parliament Hill, and although they were neither observers nor listeners to the ceremony, yet they played an unique role and followed in imagination with solemn reverence.

At 3 o'clock Their Excellencies, His Royal Highness the Prince of Wales and His Royal Highness Prince George arrived, and at this moment a light high up in the Chamber was turned on, which light is to burn perpetually. The Prince of Wales stood just inside the entrance in front of the Altar, while the others passed to the right and stood opposite. I stood at the left-hand corner and about a pace in front of the Prince. An Able Seaman, a Private Soldier and an Airman stood at the other corners.

The Prime Minister of Canada in a quiet voice spoke briefly of the meaning of the Dedication, explaining that the Altar was a gift from the Mother Country and invited His Royal Highness to dedicate it. His Royal Highness said, "In the name of the people of Canada I set apart the Altar of this Chamber to receive and hold forever the Book of Remembrance to the glory of those whose names are written herein, that they may live for all generations." He then stepped forward to the Altar and released the Union Jack and as he did so the Book was revealed; the buglers sounded the Last Post, the Flag on the Peace Tower was dipped and the Guard of Honour presented arms. The Silence of Remembrance followed the last note of the bugle and was broken by the Carillon pealing forth:

Oh Valiant Hearts, who to your glory came
Through dust of conflict and through battle-flame:
Tranquil you lie, your knightly virtue proved,
Your memory hallowed in the Land you loved.

Proudly you gathered, rank on rank to war,
As who had heard God's message from afar;
All you had hoped for, all you had, you gave
To save Mankind—yourselves you scorned to save.

Then followed brief addresses by the Minister of National Defence and Premier Baldwin, the latter recalling words spoken by Socrates as he went to his death two thousand years before: "And so we go our ways, I to die and you to live, and which is better God alone knows." "And God alone does know," proceeded Mr. Baldwin, "for four years the cream of our generation streamed into France, Flanders and Gallipoli from all corners of the earth, and when they passed along they said, "And so we go our ways, I to die and you to live, and which is better God alone knows." That great secret will not be known until we too shall have all passed away, but what we have to do is to see that their sacrifice was not made in vain, and so to conduct ourselves in this world as to make their sacrifice worth while."

This brought the formal speaking to an end and the Ceremony was all but concluded when the buglers sounded the Reveille, symbolizing the Dawn of a New Day. The Carillon rang out "O Canada!" the Royal Salute was given, and the band played "God Save the King."

Quoting from *The Globe*: "The Memorial Service was not Ottawa's first. It was not Ottawa's largest, but without question it was Ottawa's most impressive. And if anything beyond the bugled note, and bowed colour, and sobered people were required to thrust the Altar's meaning, the Carillon, which broke the 'Minute's Silence' supplied it with its stirring story of

"Splendid you passed, the great surrender made,
Into the light that nevermore shall fade;
Deep your contentment in that blest abode,
Who wait the last clear trumpet-call of God."

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss FRANCES REED, General Hospital, Montreal, P.Q.

Post-Graduate Education and Tuberculosis—Laurentian Sanatorium School

By FLORA GEORGE, Assistant Matron and Instructor of Nurses

On September 1st, 1925, the Laurentian Sanatorium was reopened to accommodate patients suffering from pulmonary tuberculosis.

The sanatorium was renovated and equipped to handle 40 private patients, 160 ambulatory public patients and an infirmary for 50—making a total of 250.

In opening the hospital the aim was to give only the best nursing service possible, and to stress the need of education along health lines. At once, the need for nurses with a knowledge of the theory of tuberculosis, its cure and prevention, and a desire to impart this knowledge to the tuberculous patients, was felt. The post-graduate course given at the Laurentian Sanatorium was created partly to supply this need, and also to give to the public nurses who, with their greater knowledge of this tremendous national problem, would be capable of playing their part in the dissemination of the knowledge of prevention of disease. The course covers a period of two months in theory and practice, during which time the student gains experience in the supervision of the ambulatory patient, also the moderately advanced and advanced cases, with all their various complications and treatments.

The course is outlined as follows: 15 hours in the theory of tuberculosis, its cure and prevention, 15 hours, nursing in tuberculosis, with laboratory practice and demonstrations. The theoretical lectures cover the history, tubercle, invasion, contact, immunity, symptomology and treatments, complications, artificial pneumothorax with fluoroscopy, etc. The nursing lectures, the actual care of the tuberculous, nursing technique, special treatments, teaching the patients personal hygiene and care of themselves. To make the picture complete the students are given the opportunity of spending some time at the Montreal Anti-Tuberculosis and General Health League, thereby gaining knowledge of home conditions and the social problems.

The greatest stress is placed upon personal hygiene and the responsibilities of the tuberculous, and it is here that the nurse benefits most in her post-graduate work. One so frequently hears "every nurse a teacher," and in the care of her ambulatory patients the task of instructing and creating a desire within her patients to be well plays the greater part of the nurse's day. With her numerous case studies, the lack of such hygiene is clearly shown, usually as the main course of the onset of the disease. In no other branch of nursing is the opportunity so easily placed before us as in a sanatorium "to teach the nurse to teach health."

It is not expected that every nurse who enters for this post-graduate course will remain indefinitely in

tuberculosis sanatorium work, but it is hoped that a great many will enter the public health field, where the experience gained at the sanatorium would be invaluable. She would, or should, have a greater knowledge of the meaning of infection, a wider vision of the possibilities of prevention, and a greater appreciation of a more rational mode of living in attaining and keeping good health.

The psychopathology of tuberculosis, to which so much attention is being paid by the physicians in England at the present time, has a stimulating interest of its own. But to mingle daily with that peculiar optimism of the sick tuberculosis patient acts in no small way as a refresher to her enthusiasm, her sympathy and her good qualities, which go to make the personality of a good nurse.

An Asthma Clinic

By H. E. MACDERMOT, M.D., Visiting Staff, Montreal General Hospital

It is hard to find a title which fully describes the work of an "asthma" clinic. "Asthma" is the title used because that happens to be the disorder with which the clinic chiefly deals, but it also is concerned with hay-fever, with vasomotor rhinitis, with urticaria (hives) and with certain types of eczema.

This is at first sight a miscellaneous collection, and it will naturally be asked if there is anything common to these which makes it advisable to group them together. The answer to this is that there is a certain similarity in the course of events which lead up to these conditions.

Asthma, for example, we think of as breathlessness, although not the breathlessness that one sees in violent exertion. In the latter, there is rapid breathing, but the air is taken in and out of the lungs without hindrance. In asthma, on the other hand, there is great trouble in getting the air in and out, in most cases the breathing out being the most difficult part.

What has happened in these two kinds of breathlessness? In the case of exertion, the breathing has quickened in order to provide more oxygen for the work of the muscles, but in asthma there may be no need at all for extra oxygen, indeed many asthmatic attacks occur while lying in bed. The difference is that in asthma the air passages themselves have become contracted, and even ordinary breathing is thereby made a labour.

It is this peculiar contraction of the air passages then that gives asthma its characteristic feature, but before discussing it, let us look at hay-fever, along with which we may place vasomotor rhinitis, or repeated colds. In these cases there are all the symptoms of a violent cold in the head: sneezing, running and itching of the eyes, etc. But, unlike ordinary colds, the condition soon passes off, and what is more significant, it is apt to come on only at certain seasons of the year when certain grasses or trees are in bloom or are seeding.

The question here is, why should not these grasses or dusts, etc., cause trouble to more people than they do? This also we shall leave for the moment, and pass on to the third group, which includes urticaria and eczema. The symptoms in these conditions are rather different, since they involve the skin and mucous membranes with itchy swellings and blotches. These, however, have the same peculiarity of coming and going quickly and irregularly. Their cause, in part, is a temporary dis-

turbance in the walls of the capillaries in the regions where the swellings appear, so that lymph is poured out into the tissue and swellings appear. This disturbance comes most commonly from food; strawberries are a frequent cause, or shellfish. But often it comes merely from indigestion.

Now, if we take up these various questions: (1) What causes the contraction of the small air passages? (2) What is responsible for this special itching and swelling of the mucous membranes? (3) What is responsible for this temporary oozing through the capillary walls which gives rise to the wheals of hives? We find that there is one single factor which is behind them all. This we speak of as hypersensitiveness, or the anaphylactic state, or allergy. In ordinary language we speak of a person having an idiosyncrasy to certain foods, but from the technical point of view we speak of his being "sensitized" to it.

It may be said then that the work of this clinic consists in finding out if this condition of hypersensitiveness is responsible for a given case, say of asthma, or urticaria; for it is obvious that if we can find out that some special substance is responsible, then treatment can be directed towards it. This detection of these special causes calls for a special form of examination which was perfected some eight or ten years ago by a group of Boston investigators. It had been known long before that if in a case of hay-fever, for example, the pollen responsible was applied to a scratch in the skin, a reaction would follow in the form of a wheal, with itching and reddening in the neighbourhood, but it was only after the work of these Boston men that the test was extended to include such conditions as asthma and the others mentioned.

This cutaneous test is now carried out as a routine in all these types of cases, since experience has shown that in a large percentage the skin of a hypersensitive person will show by the reaction mentioned above what substance is causing his trouble. It must be made clear, however, that the test is by no means an infallible guide, nor does it always give information as to the best treatment. For example, some cases of severe asthma will not show any reaction, no matter how many different substances are tried; or, they may show reactions to substances which the patients never came across, or again, they may show reactions and yet treatment directed against the substances indicated may be of no avail. The reasons for these failures lead us into the deep waters of immunity. It will be sufficient to mention these difficulties.

On the other hand, in a fair proportion of cases the tests are of great value. One soon finds that certain substances are more frequently the cause of trouble than others. In asthma, for example (if one excludes the cases which are probably caused chiefly by bronchitis) the feathers of pillows are extraordinarily common as a cause; then the hair of animals, such as horses or dogs or cats, is frequently responsible. Certain dusts should always be suspected, and not the least common is orris root (present in most face powders); house dust must also be considered. Experience teaches one what to suspect after a time, and so simplifies the amount of testing to be done; but in many cases it is necessary to try a number of tests as a routine.

It is obvious, of course, that the history of the case is of the utmost importance. Many people know, for example, that certain animals or plants or foods give them asthma, and in these cases it may be superflous to test their reactions. But it is a proof of how unobservant the average person is that often the patient does not suspect that it is something in his surroundings which is irritating to him. There will be per-

haps a pet animal which is responsible, and yet until the reaction from this animal's hair is pointed out on the skin they will never connect their attacks with their proximity to the animal. Again, many people have symptoms of hay-fever from their face powder, but don't realize it sufficiently to take steps about it until they are tested with orris root and are found to be positive.

In this clinic, then, an attempt is made first to find out the cause of the various conditions mentioned. A detailed history is taken, a general physical examination is made, and then the skin reactions are tested. The treatment varies with the cause of the trouble. It is often possible to obtain complete relief of symptoms by simply avoiding the substance responsible. If feathers give a positive reaction a change of pillows may be enough: or a pet animal may be removed; or certain foods may be avoided. Unfortunately, even in these cases it is not by any means always so simple as this, however, and other measures have to be taken. These may be ordinary medical remedies, or the treatment of such conditions as diseased tonsils or carious teeth, or other foci of infection. The only form of treatment which is more or less confined to this particular clinic is that of desensitization.

As may be gathered from the word itself, desensitization consists of making the patient non-sensitive to the substance to which he has been found to be sensitive by the skin test, and which therefore it is presumed is the cause of his disorder. (It should be understood, however, that a positive skin test does not **always** mean that that substance is entirely responsible.) Theoretically, one desensitizes a patient by giving him small doses of whatever he is sensitive to. But there are practical difficulties in this method of treatment which call for experience in its use. The main difficulty is that our understanding of the laws governing the control of sensitiveness is not complete. As an example of this, it may be said that desensitization may be completely successful in one patient and just as completely unsuccessful in another, although both have the same disease, and the method of treatment used in both is the same. Nor can we tell what makes the difference. More important than this, however, is the fact that desensitization may produce serious and even dangerous symptoms and calls for experience and great care.

There is no doubt of the usefulness of such a clinic as this in any general hospital. It works in direct conjunction with the medical clinic, but by the use of these specialized methods of diagnosis and treatment is able to give such particular attention to the group of disorders mentioned as would be difficult to carry out in a busy medical clinic.

Since the Interim Conference the address of the International Council of Nurses has been changed to 14 Quai des Eaux Vives, Geneva, Switzerland. Subscribers to "The I.C.N." will kindly note this change of address for the International journal. Subscriptions should be paid well in advance of expiry date.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AGNES JAMIESON, 38 Bishop St., Montreal, P.Q.

The Private Physician and the Private Duty Nurse as Health Workers

By Dr. SUTTON, Toronto

In thinking of this subject, I have been reminded of three proverbs or, as modern youth would put it, "three wise cracks":

"Dr. Smith fell in the well
But he should have known
Doctors should attend the sick
And leave the well alone."

"A stitch in time saves nine."

"Prevention is better than cure."

Old sentiments truly—as old as the remote origin of the medical and nursing professions which we have had outlined for us tonight. Yet modern medicine and modern nursing date, as you have been told, probably "ad nauseum," from the days of Pasteur and Florence Nightingale, and even so these proverbs have modern application. The first proverb, to be sure, should have been swept into the dustbin long ago, but mark you, it is from a very modern song. The average layman, and, I fear, the greater number of doctors and nurses notice no clash, no incongruity in these three proverbs. There is a distinct danger to the prestige of the two professions in that the general public shows signs of waking to the incongruity and relative importance of these three proverbs more quickly than do our professions. Ever larger numbers of the "well" public are asking Dr. Smith for stocktaking of their health by periodic examinations and several are being disappointed and a bit disgusted at the reception they are getting. One physician told me not long ago that if there was anyone he hated to see come into his office it was one of these healthy individuals wanting to be examined. Like him, many physicians have so concentrated on the abnormal that they scarcely recognize the normal—they know disease, they are not so certain about health. Their early awakening to the importance of producing and protecting the normal is the price of continued leadership and public confidence.

These three proverbs mark the rising scale of thought in our two professions. The leaders have totally abandoned the first one, they have overrun and consolidated the second, and are concentrating on the third. To the private duty nurse it may seem that she must stay behind in what are now the back areas with the sick and wounded and not have a part in front line battles. Not so. How then? In one of the "Aunt Het" cartoons, she says that she "likes Dr. Blank, because when he is through diagnosin' and treatin', he isn't too hurried to set down and gossip a bit." There you are—gossip!

I know you have been told in training that gossiping was to be avoided above many things, yet now I tell you to gossip. But I would first say that there is all the difference in the world in telling your present patient or her family all the details about Mrs. So-and-So, whom you nursed last, and in using a case anonymously to illustrate some health truth. Suppose the morning paper carries

(Read before the Private Duty Section, Registered Nurses Association of Ontario, Annual Meeting, May, 1927.)

the report of a death from diphtheria, why not ask your patient, or if she is too sick to be worried, ask her husband if the children of the household have been actively immunized by toxoid against this disease. If you have nursed for any length of time you will have had the misfortune to have had charge of some case recognized too late for antitoxin to save. Give no names or localities, but describe the details with sufficient vividness that when your patient is sufficiently convalescent for you to leave, the children will have had their first dose of toxoid.

Familiarize yourself with the serious results that often follow the various communicable diseases. How many people of your acquaintance know of the "bielding ears," or the remote kidney complications of scarlet fever? How many know that measles remarkably lower the resistance to other infections for at least six months after the attack, so that such diseases as tuberculosis find a ready victim in the recovered measles case. Most people regard measles as a joke. It isn't. If you gossip aright they will realize that it is not.

Familiarize yourself also with the laws governing these diseases. How many of you know that the nurse in charge, as well as the physician and householder, is charged with the duty of notifying the M.O.H. of the existence of communicable disease in the household? Usually the physician in attendance does this, but if he or the householder does not, it is up to you. You break the law if you help or consent to the concealment of a case of notifiable communicable disease. Do you know how many of these are notifiable? There are 42 of them including Influenza, Pneumonia, Tuberculosis, Goitre and the Venereal Diseases. Of course, not all of them are quarantinable though they are notifiable. You can get all that information from the nearest M.O.H. But if you have broken the law in this respect, you have made a most serious breach of professional honour! Any physician who has accepted the honour of being regarded by a household as its family physician, thereby contracts a duty to that family to protect it from needless invasion by communicable disease; if he does not do all that he should do to assist the local health authorities to combat such diseases he is recreant in his ethical obligation to his families and unworthy to be a family physician. The same applies to the nurse, though in a much lesser degree.

There are many things about which you may usefully gossip and many times and places to do it. Keep your health eyes open in the homes where you work. In how many families do you notice early goitre? In how many families have you noticed mouth breathing or other preventable or remediable defects? How many show unhealthful habits? Disasters of child birth occur all too frequently, but how many women know the value of pre-natal care? We still see youths and adults with club feet and other deformities which could have been remedied in infancy. We see valvular heart cases dating from childhood, rheumatism which the parents dubbed "growing pains"; we see infants suffering from diarrhoea and bovine tuberculosis, but how many realize the importance of killing all disease germs in milk by proper pasteurization? How many really know that the only hope for getting rid of a cancerous growth is to have it attacked in the early stage? You know lots of cases to illustrate this, our second proverb. Why not spread the knowledge of the periodic full examination as a detector of the approach of this and many other ills? An appalling number of useful lives are cut short or rendered useless by preventable disease conditions, at between 35 and 45 years—a loss which might be largely stopped by regular health examinations. There are thousands of such items where the intelligent

gossip of such a health expert as the nurse will go a very long way.

There is another class of subject with a wider view. Perhaps the mother of the family is in the Home and School Club. Tell her how good a work the Junior Red Cross are doing among the school children; how easy it will make it for her to get her kiddies into good health habits. Get her actively interested. Perhaps her older children are reaching the age when sex impulses are stirring; they want to go to parties, stay out late at night. She is a bit worried for their safety, but conditions are so different from what they were in her youth that she feels a bit helpless. Now you really have an opportunity. Tell her about the Social Hygiene Council and its quarters at 40 Elm Street, Toronto. Get her their literature, showing how parents can teach children about the holiest and happiest relations into which humanity can enter; get her the literature for young men and young women. The young people of today are wonderful. They have the possibilities and they have it in them to reach to greater heights than were possible to us. They have been stirred deeply by the recent world cataclysm which stirred the peoples of the world to greater heroism than history has shown, and at the same time has broken down old conventions and conditions. They, too, would do and dare. We must teach them that the victories of peace are greater than those of war; that they have even greater service to render, but that they must fit themselves and discipline themselves if they are to achieve. Make friends therefore among the young. Many a girl of flapper age will talk to you as she would not to her mother. When the opportunity comes, gossip with a care and a height of purpose you never used before. If you don't know the subject well enough, study and learn. Theirs will not be a cloistered, sheltered virtue; you can help to make it strong and storm-proof.

We doctors and nurses know the misery and distress brought by all the afflictions that affect the human frame. Our patients, our friends and acquaintances like to hear us gossip and talk shop; they listen to us eagerly if we do it well. We have knowledge which it is our duty to share with all. If we of the present adult generation do our duty by the rising generation, we will have gone a long way toward having our A1 country peopled by an A1 race. I have tried to show you one very potent means to this end, a means which will put you in the very forefront of the battle, for the household where sickness is present is an impressionable household and here you can thus entrench this knowledge deeper than can anyone else at any other time.

Go gossip as a health worker and God bless you!

Have you renewed your subscription to The Canadian Nurse? If your subscription expired during the summer months, kindly renew at once. Annual subscription $2.00. Combined rate with The American Journal of Nursing, $4.75 a year.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Pre-Natal Work

By ETHEL CRYDERMAN, Toronto

The question has been raised "Is our pre-natal work worth while, and what pre-natal work should be," and I have been asked to discuss the question from the viewpoint of a public health nursing association doing solely educational work.

The object of ante-natal work is clearly stated by Miss Mary Gardiner in her text-book on Public Health Nursing: "It is to provide against the dangers of pregnancy and childbirth, and to keep the prospective mother in good physical and nervous condition in order that her child may develop normally, and to so instruct that she will be prepared to give intelligent care to her baby after it is born." That this work is one of the important branches of preventive medicine, and that the public health nurse plays a very integral part in making it a success is unquestionable; but, in affecting any community, this objective can only be adequately reached if shared jointly by the medical and nursing professions. As in all other health work, we naturally look to the medical profession for leadership. The public health nurse's part in this work can best be expressed by quoting Miss Van Blarcom: It is "to assist the physician in carrying out the prescribed details of supervision, instruction and care of expectant mothers, and to work towards the ideal of having every expectant mother in the land under medical care from the beginning of pregnancy. In her relation to the physicians the nurse must be so convinced of the rightness of their procedures that she gives unquestioning loyalty and confidence, since her work is of necessity an interpretation of their ideas and wishes. She must appreciate the fact that every detail of maternity work originates in, and is guided by the medical profession." Even in introducing this subject one must necessarily emphasize our relationship to, and our dependency on the medical profession.

On account of not having had any extensive experience elsewhere with an organization doing only educational work, I must necessarily apply the question "is our pre-natal work worth while" principally to Toronto. A short review of the work will serve as a background. Ante-natal visiting was started in Toronto by the Department of Public Health in 1913, and 1915 marked the establishing of the first ante-natal clinic in Toronto, at the Toronto General Hospital. From then the work has grown until at present there are 19 clinics in 6 hospitals, and 5 neighbourhood clinics each week. In 1926 the total number of new cases at all the clinics was 1,405 (481, Toronto General Hospital; 747 at other clinics; 177 neighbourhood clinics). In comparison with the number of births (11,877) and still births (521), and not including the miscarriages, 11.3% of pregnant women attended clinics. In addition, there were 4,002 (3,376 Department of Public Health; 626 Toronto General Hospital) ante-natal public health nursing visits and consultations for educational purposes. In order to get a true perspective of the value of our visits, a quick analysis of the type

(Paper read at April, 1927, meeting of District No. 5, Registered Nurses Association of Ontario.)

supervised and the object and the quality of supervision is necessary. The statistics used are taken from a report which was made from a survey of the nursing supervision given expectant mothers coming to the notice of the nurses in the Department of Public Health during 1923.

The majority of cases, probably over 70%, come from the more congested districts; the breadwinner in only 37% of cases comes from the professional, salaried or skilled class, and home conditions in 70% of cases are either only fair or poor. Consequently, one sees that the major part of ante-natal teaching is not with normal families.

The source of cases is of significance. About 57% of them have been previously known to the public health nurse for other reasons. The other sources stated in numerical order are:

1. The largest number is discovered through district visiting, or referred by social agencies;
2. Those referred by hospitals;
3. Visits requested by neighbours or relatives;
4. A variety of other sources: department clinics, City Hall, Child Health Centres, etc.;
5. Only 2% ask for this service;
6. Five per cent. of our cases, almost a negligible quantity, are referred by private physicians.

The last two sources, though the weakest in numbers, are of the greatest significance, and are productive of the best results. Those who seek for service because they realize its value inevitably make the most constructive use of it, and, undoubtedly, with the cases referred by doctors our contact is doubly strengthened.

Only about 14% of our mothers under supervision are primipara. Only 28% of our supervision is begun early enough in pregnancy (that is before the sixth month) to do effective work. These factors bear a distinct relationship to the type of work possible.

In all pre-natal home visiting there are four main objectives:

1. To emphasize the need for regular medical supervision. Here there are three alternatives:

(a) Private Physician: The policy is to urge, whenever possible, that this service be given by the family physician. Regardless of the fact of whether he gives satisfactory ante-natal supervision or not, every effort is made to persuade the mother to go to her own doctor. This is the logical source from which to receive this service. The question naturally arises, what to do if, after urging the mother to go to her doctor, no supervision is given. Undoubtedly this is a most delicate and difficult situation to handle, and here unquestionably the worker is handicapped because, other than by very discreetly making suggestions and camouflaging even the smallest hint of criticism, nothing can be done. The recognition of the incompleteness of the teaching of hygiene of pregnancy without medical supervision creates problems that are not easily solved.

(d) Hospital Clinics: For those without a family physician who are financially unable to obtain medical supervision, hospital clinics are recommended. Although clinic attendance is increasing very satisfactorily, it is often only with the greatest difficulty that expectant mothers are persuaded to attend.

(c) Neighbourhood Clinics: If on account of the inaccessibility of hospital clinics, or hesitancy because of the possibility of students, or one of many other reasons, clinics are not recommended, they are invited to attend a neighbourhood pre-natal centre. There are five of these centres throughout the city under the Department of Public Health.

On account of the facilities for teaching, the privacy, and the individual attention that is available, these centres appear to be ideal and should make an attractive appeal. Unfortunately during the last few years there has been a progressive decrease in the attendance, and last year there were only 177 new cases in the five centres. Is this decrease due to the lack of sufficient publicity, persistence of indifference on the part of the mothers or our inability to put across the need successfully?

The result of efforts to teach women to seek medical supervision can best be shown by quoting again from the survey in 1923. Only 67% of the cases receiving ante-natal supervision consulted either private physician or attended clinic.

2. To assist in making suitable arrangements for confinement: If the mother has planned to be confined at home, she is advised to have trained nursing care and, if necessary, the public health nurse assists her in making arrangements as early as possible with one of the visiting nurses' associations. In 1923, 22% of the cases did not receive trained nursing care at confinement. If there are young children in the family and no relatives or friends available, the work of a visiting housekeeper who may be obtained is explained, and the mother is encouraged to make use of her. Where there are problems such as inability to provide a layette, insufficient nourishment for the mother, or the evidence of the necessity for other social re-adjustments, the family is referred to the Neighbourhood Workers Association.

3 and 4. Teaching of Hygiene of Pregnancy and Infancy: It is not necessary here to go into the detail of this teaching, but the value of such cannot be too strongly emphasized and will be discussed later.

Even to attempt to answer the question under consideration "Is our pre-natal work worth while and accomplishing its purpose?" certain factors which serve as an index must be examined.

1. Maternal Mortality: Canada's maternal mortality rate in 1922 was 5.5. As a country she ranks 13th in a table of seventeen. Toronto's is even higher, 7.2. The real loss cannot be determined if considered in terms of death rate alone. The morbidity increases with the death rate, and the physically under par, including both mothers and children, are always many times greater than those who die. The fact that the maternal mortality can be decreased has been definitely proved. In the New York Maternity Centre 2,000 mothers were cared for without a single death in 1926. If the maternal mortality for New York City at large had been applied to this group there would have been eight or more deaths.

2. Still Births: Canada's still-birth rate is 34.2 (1925), Toronto's continues to be very high—43.8. If the still-birth rate, which is two-thirds of the infant mortality rate, were added to the infant death rate, probably the loss would be more keenly felt. The comparative survey of the clinic and non-clinic patients confined at the Burnside of the Toronto General Hospital speaks for itself. The total still-birth rate was 60; the rate among non-clinic patients was six times as great as among clinic patients.

3. Neo-Natal Mortality: Although our Infant Mortality has decreased tremendously in Toronto (62—1926) the percentage of deaths during the first month of life remains very high. Fifty per cent. of our infant deaths occur during this period and one-third during the first week of life. A large percentage die of conditions existing before birth; and 55% of all neo-natal deaths are due to pre-maturity. This pre-maturity, or in other words feeble vitality, occurs because of the inability of the mother to give sufficient strength before birth. It may be due to inadequate nourishment, lack of proper personal hygiene, certain complications that might be effectively treated, etc., etc. Here again both medical and nursing pre-natal supervision can play an important part. At the Maternity Centre in New York, where most efficient medical and public health nursing services are given, the neo-natal death rate between 1919 and 1921 was 25.9 as compared with 36.5 for the whole city.

4. The Apparent Lack of the Knowledge of the Hygiene of Infancy: Although this cannot be reduced to statistics, still it is very evident and is constantly revealed during birth registration visits. Comparatively few women are reached and it is really astounding how poorly-equipped are mothers in all classes of society to perform this most important and far-reaching duty. In Miss Gardiner's

definition of ante-natal work she concludes with these words: "and to so instruct her that she will be prepared to give intelligent care to her baby after it is born". Has the public health nurse, doing purely educational work, an opportunity to reach the intelligent expectant mother where constructive teaching of the hygiene of infancy is possible?

I have taken the privilege of changing "What pre-natal work should be" to "What factors would influence the effectiveness of pre-natal work?"

1. Publicity: The success of all preventive measures is absolutely dependent on the public's acceptance and intelligent use of them. The realization of the necessity of reform on the part of interested groups of workers is not sufficient. Until the necessity for that need is created in the minds of the general public the real success of the work is limited. At present the majority of people have never been awakened to the need for ante-natal work. Comparatively few are cognizant of the fact that so many mothers die, and that the safeguarding of the health of both mother and baby is dependent upon the care given during pregnancy. If our programme were sufficiently comprehensive and given widespread publicity, would not the increased demand for service forecast our possible future development?

2. Support of the laity: The question arises how to get this publicity across, and the answer unquestionably is through the support of the non-professional, interested laity. Think of the organized groups of citizens and their interest in health measures, and their unlimited influence. For leadership they naturally depend on the professional group, but, in turn, the professional group leans heavily on them for support. Without them, all new ventures are definitely crippled. If organizations such as Home and School Clubs, I.O.D.E. Chapters, Red Cross Branches, Local Councils of Women, etc., would become vitally interested in the question of pre-natal supervision, and the need for maternal welfare work appeared frequently on their agenda and in the columns of their official organs, then, and only then, would the interest of the general public be awakened.

3. Closer co-operation between the private physicians and the public health nurses: This is rather a fine point to discuss, but the wrong interpretation of our work still seems to exist in the minds of many physicians. If they could realize that the public health nurse in no way assumes any of their duties, that she is there to interpret their wishes and can be of valuable assistance to them, they might use her more extensively. The fact that she is able to give a service in teaching the hygiene of pregnancy and infancy during that important period, should appeal to them.

4. The strengthening of our present clinic teaching: The question arises, "Is the home, especially the type of home where the major part of our teaching is done, the place to get results?" Considering the overcrowding, the lack of equipment for demonstration purposes, and the many distractions, under such circumstances are we justified in expecting satisfactory results? If hospital and neighbourhood clinics had organized programmes for the teaching of the hygiene of infancy and pregnancy and these classes were followed by home visits, would our teaching be productive of greater results?

5. The opportunity to extend our services to all classes of mothers: At present we reach only about one tenth of pregnant women, and the majority of them are not from families where living conditions are normal. This work is essential because undoubtedly it serves a purpose and keeps down the death rate. But there is a great desire to be able to work also with the keen young mother whose environment is normal, and who should be anxious to take advantage of ante-natal teaching. At present such a service is not demanded, and only publicity, the support of the laity, and an attractive programme will stimulate such a demand.

6. Mothercraft Classes: The recognition of the fact that comparatively

few women among either the cultured and well-to-do or the poor or ignorant classes have a reliable knowledge or a practical training for motherhood is becoming more and more apparent. In this day of specialization and demand for highly trained workers for every branch of work, it is lamentable indeed to realize that for the most important service, that of motherhood, practically no tuition except by chance is available.

In England at the Mothercraft Training Society, a small well-known private organization, mothercraft classes are held and a description of them might be of interest. Several times a year, a course of lectures in Mothercraft, conducted by the Matron at the Centre, for expectant mothers or girls about to marry, is advertised in "The Times." The class is limited in numbers, and a substantial fee is charged because, if such classes were free, it might prevent many of the most desirable women from attending. For those unable to pay, a suitable arrangement is made. The matron is very anxious for the better class of women to attend, and she feels that it is equally important, probably more so, for them to have this knowledge. After all, many of their children will have advantages socially and educationally which will fit them to be leaders, and it would be unfortunate indeed, should they be handicapped by ill-health, part of which at least could be prevented through this very knowledge. One can easily understand that, if it becomes fashionable for this class to have mothercraft training, the idea will spread more rapidly among all classes of people.

The matron finds that many of these girls, especially those who are expectant mothers for the first time, know practically nothing about pregnancy, and often have secret and hidden fears. At first they are sensitive and reticent but soon they begin to ask sensible, intelligent questions.

There are ten lectures at regular intervals. In these they are taught the physiology of pregnancy, the necessity for medical supervision, antenatal care, the value of breast feeding, and the care of the breasts. They are taught when and how to increase the supply of breast milk and demonstrations in sponging, massage and manual expression are given. It is an ideal time to teach breast feeding. The mother is in a most receptive state of mind and the psychological effect of thinking about breast feeding and being fully prepared, both physically and mentally, inevitably makes her a successful nursing mother. Theoretical work and practical demonstrations are also given in the care of infants. Babies are bathed, weighed, dressed and undressed; layettes are exhibited; bed making is demonstrated; habit training is stressed; and normal growth and development are explained. The responsibilities of parenthood are emphasized and the students are given every opportunity to ask questions. These women are prepared not only to safeguard their own health but to make successful, intelligent mothers, and are enabled to give their babies the best possible opportunity of becoming normal, healthy children. Some of the outstanding features of these classes are that they are entirely educational, the students come voluntarily, medical supervision is given understanding, intelligent women who have asked for it, and that mothers are taught to apply preventive measures at the very start of life.

The question arises, could such classes be successfully organized here, and would they help to solve our problem?

Perhaps the success of the Home Nursing Classes under the Red Cross would serve as an analogy. The need for such knowledge was evident. The classes were organized; publicity was given to them; and membership was voluntary. Gradually their value was so successfully demonstrated that the demand for them has rapidly increased. As a result, a community need is being adequately met. Could the need for mothercraft training be similarly and as effectively demonstrated?

In concluding a paper on the subject of pre-natal work it does not seem unnecessary repetition to re-emphasize

the necessity for a more adequate programme, the stronger support of the laity, closer co-operation with the medical profession and greater publicity. The desired result of publicity—an increased demand on the part of the people—is the keynote of our future success.

The Preparation of the Worker for Public Health Nursing

By HARRIET T. MEIKLEJOHN, Toronto

This is a burning question today and it will perhaps be some time yet before we find the ideal incubator for this Dr. Jekyll and Mr. Hyde product in nursing.

So much has already been said and written on this subject that one feels diffident in approaching it: if, however, my practical experience and beliefs are of any value to the Public Health Section as matter for discussion, I am more than pleased to offer them.

The public health worker as a finished product must have certain qualifications which I think are mainly covered by the following:

Perfect physical health,
Good preliminary education,
First-class hospital training, and
Special public health teaching.

In personal qualifications she needs enthusiasm, ambition, courage, tact, personal magnetism and self-confidence, with the ability to combine and co-ordinate all her knowledge and qualifications; she needs versatility, good approach to her public, common sense and a good sense of humour in order to win her way to success in this so-called "kid-glove" field of nursing.

To my mind it is the most vital field of nursing today: the one which demands the most effort, the most varied qualifications, but which yields the greatest return for the effort expended, though the results being of a somewhat negative character are not so easy to demonstrate over short periods of time as perhaps are the results of sick nursing or institutional work.

The great question, however, is how to develop all these qualifications in one nurse and also how to obtain enough of her to meet the demands of the health needs of the day. I believe that the group at present really qualified for public health instruction is comparatively small; but I also believe that if the slogan "Every Nurse a Health Worker," whether or no she may have had definite university and public health instruction in addition to her hospital training, were emphasised, we would get better results.

If in her three years of hospital training the "health conscience" or "health sense" had been well developed our university professors would have more receptive material upon which to build. Our already trained public health workers would have an ever-increasing and sympathetic corps of understanding nurses back of them, aiding and abetting in the home and hospital in the fight for the raising of health standards by the prevention of disease, rather than the more or less disinterested groups of the present time.

I believe that health teaching begins with the probationer; that "health" should be made at once her daily diet and her highest aim; that the beacon-light of "health" should be held always before the pupil nurse.

More and more the sense of the value of health is being instilled into our preliminary schools. It is rare now to find a probationer applying who is not familiar with the laws of health, so that to be taught it in the hospital will not seem so strange.

(Read before the Public Health Section, Registered Nurses Association of Ontario, May, 1927.)

A short survey of the ordinary hospital of today will, I think, convince you that even personal health is not very carefully taught.

Observe the posture of pupils, their walk, the food they eat, their recreations or lack of them, their life habits, etc., and ask yourself if these young women, from whom the "health missioners" of the future are to be recruited, really understand and appreciate the requirements of the laws of health in regard to themselves, let alone their patients.

We are all agreed that the burden of our present curriculum is about as heavy as we can bear—but "health" can be instilled as we teach those very subjects already on the curriculum. It is a matter of the point of view of the hospital staff, and the teaching staff in particular: though I consider that the entire staff should be regarded as the teaching staff. As an illustration of what I mean: In teaching the anatomy of the spine, why not teach a girl to stand and sit correctly and the reasons why? In other words, put in a little applied anatomy and physiology, and incidentally give a lesson in posture and prevention. Why should not the charge nurses of floors be constantly teaching health as they direct the daily work of their wards? What better opportunity could there be?

The superintendent of every staff should feel responsible for the development of the right "health atmosphere" in his or her institution. I know that if the pupil graduating from her three years' training had a sympathetic insight into the health efforts of the day, understood the link or rather the gap between hospital and home, the efforts for higher standards of community health on behalf of the health authorities, or their negligence in the same, if she understood the tremendous economic problem of illness, the interruption and upheaval caused in the home by illness, she would be able to appreciate better the highest aim of nursing, i.e., the re-establishment and maintenance of health.

Speaking from personal experience in the public health field, no longer ago than 1924, I know how desperate it is to find enough workers, much less fully-trained workers, for this field.

I know the difficulties, the multiple demands upon the public health nurse, the need for the fully-trained worker. I know or have known the lack of sympathy with public health service even by members of our own profession, and I feel that the quickest and best way to cure this somewhat anaemic condition of mind among nurses as to public health is to first of all teach and live health in our training schools.

Refresher Course for Nurses, Dalhousie University. Halifax, Nova Scotia

In response to a frequently expressed wish of members of the nursing profession, Dalhousie University conducted a Refresher Course for Graduate Nurses from July 18th to 23rd, 1927, inclusive. Efforts were made to provide subjects of interest to all nurses, whether they were engaged in hospital work, teaching, private duty, or public health. Halifax hospitals and the Registered Nurses Association co-operated with the University, and members of the Medical Faculty of Dalhousie University, nurses, and others, very generously contributed to the programme.

The lectures were given at the Dalhousie University Public Health Clinic, and certain demonstrations at the various hospitals. A registration fee of one dollar was charged.

Miss Jean E. Browne, of the Junior Red Cross of Canada, took a major part in the programme, lecturing on Health Education, Nursing in Canada, The International Aspect of Public Health Nursing, The Peacetime Programme of the Red Cross, and conducted a round table on Parliamentary Procedure. Miss Browne was in Halifax to lecture on Health Education in the Summer School for Teachers and the nurses were given the privilege of attending four lectures on the subject, with the teachers.

Other out-of-town contributors were Sister Immaculata, of St. Martha's Hospital, Antigonish, who gave a paper on Hospital Management, and Miss Helen J. MacDougall, superintendent of Women's Institutes for Nova Scotia, who lectured on Nutrition, especially noting recent developments and discoveries.

Opening addresses for the course were given by Mr. W. W. Kenney, superintendent of the Victoria General Hospital, and Dr. W. H. Hattie, assistant dean of medicine and director of Dalhousie Public Health Clinic. Other subjects and lecturers were as follows:

Obstetrics—Dr. E. K. MacLellan.

Tuberculosis (clinical aspect)—Dr. T. M. Sieniewicz.

Pneumothorax Demonstration at Tuberculosis Hospital—Dr. T. M. Sieniewicz.

Clinic on Coeliac Disease at Children's Hospital—Dr. M. J. Carney.

Demonstration of Infant Feedings —Miss Agnes D. Carson, superintendent, Children's Hospital.

Demonstration of X-Ray and Radium—Dr. S. R. Johnston.

The Present Tuberculosis Campaign in Nova Scotia—Dr. A. C. Jost.

Diabetes and Insulin—Dr. K. A. MacKenzie.

Demonstration of Diabetic Diets at Victoria General Hospital — Miss Todd, dietitian.

Demonstration on the Treatment of Cripples: Massage, Baking, Muscle Training, and Remedial Gymnastics—Miss Janet Wolfe, posture technician, Dalhousie Clinic.

Pre-operative Nursing—Dr. G. H. Murphy.

Focal Infections—Dr. P. D. McLarren.

Demonstrations on Nursing Procedures—Arranged by Miss Strum and Miss Jones, and given by student nurses of Victoria General Hospital. These included: Mustard paste, foot bath, moving patient from bed to chair, hot pack, moist dressing, triangular bandage, turpentine stupe, croup tent, ice tray, stomach lavage, dressing tray, enema tray.

Victorian Order of Nurses and District Nursing—Mrs. William Dennis, Miss Mary F. Campbell.

Recent Developments in Medicine and the Public Health Field—Dr. W. H. Hattie.

Demonstration of the Kahn Test at the Pathological Institute—Dr. D. J. MacKenzie, director; Miss Margaret Lowe, technician.

Observation of Delivery at Grace Maternity Hospital.

The annual meeting of the Registered Nurses Association was held in conjunction with this course, Friday, July 22nd, being set aside for this purpose. In this way, out of town nurses were enabled to attend both the course and the meeting at one visit.

In all, eighty-two nurses registered for this the first Refresher Course for nurses in Nova Scotia. The general consensus of opinion at the end of the week was that the course had been an entire success, and many expressed the hope that a similar one would be provided next year and possibly made an annual event.

News Notes

ALBERTA

CALGARY

Her many friends will greatly regret to learn of the death on August 15th, 1927, of Miss Mary E. Cooper, of Calgary. Miss Cooper was well known in the city, having been Registrar of the Calgary Graduate Nurses Association for the past four years. Miss Cooper was a graduate of the Calgary General Hospital (1917).

Miss Olsen and Miss Murray left for California on September 9th.

Mrs. Selby Walker entertained recently in honour of Miss Nan B. D. Hendrie, whose marriage takes place shortly.

EDMONTON

Miss E. Robinson motored to Waterton Lakes and other points in Southern Alberta during the month of August.

Miss Fenwick, superintendent of University Hospital, and Miss Sewell have returned from an enjoyable holiday spent at the coast.

Friends of Miss Murray, instructor of nurses at University Hospital, will be glad to learn that she is improving rapidly after her operation.

Mrs. Porritt, of the University Hospital staff, has returned from a vacation at Banff and Lake Louise.

After spending a most enjoyable month in Western Ontario, Miss M. Gould, of the University Hospital Clinic, motored back to Edmonton with Dr. and Mrs. R. F. Nichols.

Miss B. Bean, of the City Health Department, is recuperating after her operation, in July, and expects to resume her duties on September 15th.

Miss B. Emerson, Provincial Public Health Staff, has returned from a holiday in Vancouver.

Miss Margery Baird, superintendent of the Victorian Order of Nurses, motored with her sister, Miss Agnes Baird, from Winnipeg to Minneapolis and later spent part of her vacation with her family at their summer home at the Lake of the Woods.

Miss Leveson, a recent graduate in public health, Vancouver, joined the V.O.N. staff in June.

BRITISH COLUMBIA

VANCOUVER

Miss Margaret Fraser, for the past five years instructress of nursing at the Vancouver General Hospital, has resigned. After a holiday at her home in Edmonton she intends entering Columbia University for further post graduate study. Miss Annie Cavers, V.G.H., 1927, has been appointed to succeed Miss Fraser. Miss Cavers was for many years a member of the teaching profession: first in Saskatchewan and more recently in British Columbia.

Miss Mabel F. Gray, of the University of British Columbia, attended summer school at Columbia University.

Misses Harriet Jukes, M. A. McLellan and Bernice Stephens attended the summer session at the University of California.

Miss Janet Campbell has been appointed matron of the Children's Aid Home. Miss Campbell was for two years public health nurse at Kamloops, B.C.

Mrs. M. E. Johnson has again taken over Bute Street Hospital. Her many friends will be glad to know that she has fully recovered her health, and welcome her back after a year's absence.

Miss Stott, who has been in charge of Bute St. Hospital for the past year, will leave shortly to spend the winter in California.

Miss H. Randal, Registrar B.C.G.N.A., and Miss Dutton, instructress of nursing at St. Paul's Hospital, who were ill early in the summer have resumed their respective duties.

Miss K. W. Ellis and Miss M. F. Gray attended the annual meeting of the British Columbia Hospital Association at Victoria in September.

N/S Tena Stewart (Winnipeg General Hospital), who has been a patient in Shaughnessy Hospital for over a year, has been transferred to the S.C.R. Hospital at Ottawa, and expects to go to her home at Almonte, Ont., in the near future.

MANITOBA

BRANDON

Mr. and Mrs. W. A. Fraser (May Hood, Brandon General Hospital), who were married recently in St. Paul's Church, will reside in Winnipeg.

The engagement is announced of Miss Annie Francis (Brandon General Hospital) to the Rev. Dr. J. George Miller, of Fort Frances. The wedding will take place quietly in Toronto early in September.

Miss C. Macleod, superintendent of nurses, Brandon General Hospital, has returned from a holiday spent at Banff and points in Saskatchewan. Miss E McNally, assistant superintendent, is at present holidaying in the west.

NEW BRUNSWICK

SAINT JOHN

General Public Hospital

Miss Ella Cambridge spent her vacation in Toronto and Niagara Falls, with friends.

Miss Mabel Jones has returned to her duties in Boston, after spending her vacation in Saint John.

Mrs. Victor Thompson (Rose Kierstead, 1918), of Boston, has been visiting her mother, in Rothesay.

Miss Kathleen Lawson, 1919, has returned from visiting different points in Ontario and has resumed private duty.

Miss Alma Law, 1916, has returned to her duties at the Aroostook County Hospital, after spending her vacation at her home in Gagetown.

Miss Eva Craig has accepted the position of superintendent of nurses in Kensington Hospital, Kensington, Pa.

Miss Mary Murdock has left to take up her duties as assistant superintendent in Kensington Hospital.

Miss Arthuretta Branscombe, until recently on the staff of the Battle Creek Sanatorium, Mich., has gone to Honolulu for the winter.

Saint John Infirmary

Miss Edith Powers is convalescing after her recent operation.

Miss Downing spent her vacation in Boston.

NOVA SCOTIA

Miss Cora Harlow, who has been engaged in private duty nursing at Dartmouth, has returned to her home in Newton, Queen's County.

Miss Dora Vaughan, who has been doing private duty nursing in North Sydney, is spending her vacation at home in Musquodobit.

Miss Mayme D. Spares, who was successfully operated upon at the Halifax Infirmary in August, has completely recovered and returned to duty.

Miss Mary Smith (Nova Scotia Hospital), who was operated upon in August, is recuperating at her home in Pugwash.

Miss Mabel Cardy, Miss Brightman and Miss Cochrane, of Windsor, N.S., have returned from a delightful camping party at Hebb's Cove.

Miss Gladys Austin, of Dartmouth, has returned from a delightful vacation spent at Deep Brook, N.S.

Miss M. Lyons, matron of the City Tuberculosis Hospital, has returned from her vacation.

Miss Constance Wilson, supervisor of the Emergency Hospital, Washington, D.C., spent the month of August at her home, Curry's Corner, N.S.

Miss Florence Mosher, who has been engaged in private duty nursing at Palm Beach, Florida, spent her vacation at her home at Windsor, N.S.

Miss Pauline McKay has returned to New York after an extended vacation at her home in Windsor, N.S.

Miss Zwicker, supervisor, Nova Scotia Hospital, Dartmouth, has returned from a visit to Boston and her home in Queen's County.

Miss Mattie Vaughan, district nurse of North Sydney, spent the month of August visiting friends in Dartmouth, and her home in Musquodobit.

Miss Kathryn Kennedy, graduate of Halifax Infirmary, who has been doing private duty nursing, has returned from a motor trip to Grand Desert.

On the evening of August 6th an enjoyable social was held at the Nurses' Home, Victoria General Hospital, in honour of Miss Belle King, who has resigned her position on the staff of the Victoria General Hospital, to be married. Miss King was the recipient of a miscellaneous shower from the pupil nurses, and was presented with a china tea set by the graduate nurses.

Miss E. O. R. Browne, Director of Home Nursing, Canadian Red Cross, Halifax, has returned from an enjoyable vacation spent at Liverpool.

Miss Flora Liggett, Director, Junior Red Cross, has returned from a very pleasant visit to Prince Edward Island.

Ensign Jess, St. John Hospital, and Captain Brooks, from the Salvation Army Hospital at Hamilton, Ont., spent a few days in August visiting the city, being the guests of Staff Captain Clark.

Captain Adby, head nurse at Grace Maternity Hospital, has been transferred to the S.A. Hospital at Windsor, and has been succeeded by Captain Elsie Jones, of the Windsor institution.

Miss Hilda Roberts, who is on the staff of the New Hampshire State Hospital, spent the month of August at her home in Halifax.

ONTARIO

Brantford General Hospital

The September meeting of the Alumnae Association was held in the Nurses' Residence on September 6th. After the usual business had been transacted it was suggested that the next meeting for District No. 2, R.N.A.O., be held in Brantford, arrangements to be made later.

Miss Edna Clarke, who has been awarded a fellowship by the Rockefeller Foundation, left on September 5th to commence the course of study in New York, to return later to her duties with the Victorian Order of Nurses.

Misses Reta Hawkin and I. Nichol left Brantford on October 1st for the Royal Victoria Maternity Hospital, Montreal, to take a five months' post graduate course in obstetrics and gynaecology.

Miss Gladys Westbrook is taking a two-months' course in orthopaedics at the Shriners' Hospital for Crippled Children, Montreal.

Miss Kate Charnley, of the staff of the Brantford General Hospital, spent September at Lake Rosseau, Muskoka.

Misses Jamieson and Westbrook and Mrs. McCormack, of the staff of the Brantford General Hospital, attended the Nurse Instructors' Course held at the Victoria Hospital, London, Ont., during the last week of July.

A very pleasant time was spent at the home of Dr. and Mrs. Morrison when about forty of the graduate nurses gave a surprise party in the form of a miscellaneous shower. The beautiful gifts showed the high esteem in which Dr. and Mrs. Morrison are held.

TORONTO

Hospital for Sick Children

Miss Alice Grindley, 1914, has resigned her position at the Montreal General Hospital and accepted the position of night supervisor at the Hospital for Sick Children.

Miss Emery, 1926, has joined the staff of the Shriners' Hospital in Springfield, Mass.

Miss Eleanor Grew, formerly instructress at the Children's Hospital, Boston, has accepted a similar position at the Ottawa Civic Hospital.

Miss Foy, 1922; Miss Stickney, 1925; Miss Conway, 1925, and Miss Fryches, 1925, have accepted positions at the Children's Hospital, Detroit.

Toronto General Hospital

Miss Carrie Cowan, 1919, who has been doing private duty nursing in Boston for the past two years, has accepted a position as night supervisor in the Conant Hospital.

The following appointments have been made to the nursing staff: Miss Kathleen Twiss (night supervisor B.H. Obstetrical Dept.), head nurse of the Operating Room: Mrs. Lindsay (nurse in charge of the Operating Room, Burnside Obstetrical Dept.), head nurse on F. 4, P.P.P.; Miss Jean Macdonald, 1927, relieving night supervisor of the Emergency Dept.; Miss Mae Cardwell, 1927, night supervisor Burnside Obstetrical Dept.

Miss Louise Bartsch, 1927, has been appointed night supervisor of the General Hospital, St. Catharines.

Miss Nettie Fidler and Miss Margaret Orr are attending the School for Graduate Nurses, McGill University.

Miss Louise Groves, 1924, is in charge of the branch of the Victorian Order of Nurses in Renfrew, Ont.

Wellesley Hospital

Miss Reavely, formerly assistant superintendent at Wellesley Hospital, has been a patient in the hospital for several weeks but is now progressing very satisfactorily.

Miss Terry, 1926, left recently for Aklavik, a far outpost at the mouth of the Mackenzie River, where she hopes to work for three years at a hospital opened by the Mackenzie River Diocese of the Anglican Church.

Miss Fawcett and Miss Follis, 1922, are in charge of the Maternity Ward at the Knickerbocker Hospital, New York City.

Miss Josephine F. Kilburn (Toronto General Hospital, 1916), of the Nursing Division, Department of Public Health, Toronto, has returned to the Mental Hygiene Division as children's psychiatric worker.

Miss Kilburn completed a six months' fellowship with the Rockefeller Foundation, at the Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore, in April, 1927. While the fellowship entailed a general training in social psychiatry, emphasis was placed upon child study and modern psychiatric methods of dealing with juvenile behaviour problems involving, as they do, the study of the individual as a whole.

Miss Gladys Bastedo, St. Lukes, 1917, New York, took a post graduate course from October, 1926, to February, 1927, in social psychiatry at the Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore. On her return to work in the Nursing Division of the Department of Public Health, Toronto, Miss Bastedo was assigned to do special work in connection with the Edith L. Groves School for Girls and with the West End Day Nursery in both of which training centres her experience is proving to be most valuable.

Graduate nurses of Clifton Springs' Sanitarium, Clifton Springs, N.Y., meet four times a year at the Graduate Nurses Club, Toronto. Any graduates in Toronto are invited to attend. President, Mrs. C. B. Medley; secretary, Mrs. H. K. Thompson, 696 Mt. Pleasant Rd., Toronto, Ont.

Central Registry

The Registrar's report presented by Miss Margaret Ewing at the twenty-second annual meeting showed: Membership, 1154; calls for the year, 14,181 (hospital, 10,762; hourly nursing 87); Maximum calls: March, 11,413; minimum: August, 973. The following members passed away during the year: Miss Mary J. Clark, Miss Laura Rorke and Miss W. Colwill, also Miss Bryson and Miss Walkington, two former members.

WOODSTOCK

On August 25th an enjoyable evening was spent on the lawn of the Nurses Home when the Alumnae Association of the Woodstock General Hospital entertained the nursing staff and friends at a corn roast. All participated in playing games and singing round the bonfire. The rest of the evening was spent in dancing in the spacious drawing room to the accompaniment of the Harrison Orchestra. At the close of the evening refreshments were served.

QUEBEC

MONTREAL

Western Hospital Alumnae Association

Miss Ruby Kett has resigned her position as private ward supervisor at the Western Division of the Montreal General Hospital on account of illness and has been succeeded by Miss Elsie Brain, who returned recently from a prolonged visit to her home in Newfoundland.

Mrs. Frank Murphy (Anne Scullion), who has been convalescing after her recent illness at the home of her parents in Montreal, returned by motor to her home in Atlantic, Maine, accompanied by Miss Florence Martin, who has been in charge of the operating room at the Western Division, M.G.H., during the summer months.

Miss Beatrice Dyer has returned from a holiday spent at Old Orchard Beach.

Miss Marjorie Reyner has returned from an eight-months' visit to relatives at the Isle of Pines, Cuba.

Miss Marjorie Gillespie has accepted a position as ward supervisor in the Red Cross Hospital at Sault Ste. Marie.

Miss Isabelle Cox is visiting Miss May Gear in Newfoundland.

Miss Katherine Kelly is taking a post graduate course in X-ray work at the Western Division, M.G.H.

Miss Ethel Bradley, who is engaged in private duty nursing in New York City, recently spent two weeks in Montreal.

Miss Viola Lucas spent the month of June visiting relatives in Boston, Mass.

Mr. and Mrs. Bartlett (Una Marion Phelan, 1921), whose marriage took place in Montreal on September 2nd, will reside temporarily on Crescent St., Montreal.

Miss Bertha Birch has returned from a vacation spent at Port Elgin, Ont.

Miss Marjorie Macfarlane resigned her position on the staff of the Royal Victoria Montreal Maternity Hospital in July and spent the remainder of the summer with her family at Kennebunk Beach, Me.

Montreal General Hospital

Miss Caroline Davis, 1920, who has been office nurse for Dr. G. Byers, of Montreal, for some time is now doing private duty nursing.

Miss Charlotte I. Robinson has resigned as assistant night superintendent, Montreal General Hospital. The position is being temporarily occupied by Miss Olive McKay.

The members extend their sympathy to Miss Flora E. Strumm in the loss of her brother, and to Miss Lillian Tracy in the death of her father.

Misses Myra Bockman and Sadie M. Payne have resigned their positions at the Fisher Memorial Hospital, Woodstock, N.B., and have been succeeded by the Misses Duffield and Hazelton.

Misses Mary McRae, Christina Watling and Eleanor Hancock are among those who have had the privilege of taking the weekly Saguenay trip on S.S. Cape Eternity, acting in the capacity of nurse.

The Alumnae Association has suffered a severe loss in the sudden death, at Liverpool, England, of Miss Flora Madeline Shaw, director of the School for Graduate Nurses, McGill University. She was an active member of the alumnae executive and took a keen interest in its welfare. Miss Livingston, who shortly predeceased Miss Shaw, was an honorary member of the Alumnae Association and her presence and advice were always very much prized. She was greatly missed by all members of the association when she gave up her active life at the Montreal General Hospital, where she was lady superintendent for thirty years.

TORONTO

A very delightful luncheon was given at the Rosedale Golf Club by the executive of the Overseas Club in honour of Miss Laura Holland, the vice-president, who has resigned her position in Toronto and accepted a post in Vancouver, and Miss Ruby Hamilton, who was awarded a Scholarship in the International Course in Public Health Nursing by the Canadian Red Cross Society, and has since left for England. Among those present were Mrs. D. E. Robertson (Pauline Ivey), the president; Miss Laura Holland, Miss Ruby Hamilton, Miss Wilkinson, Matron Hartly, Matron Campbell, Miss Drysdale, Miss Tuckett, Mrs. Ronaldson (Winnifred Hammil), Miss McCallum, Miss Austin, Mrs. Bartholomew, Mrs. Duncan (N/S Weldon), Miss G. Greenwood, Mrs. Robson (N/S Dalgleish), Miss Rogers and Mrs. James.

In June Mrs. Nesbitt (N/S Constance Bruce), accompanied by her small son, sailed for Australia where she expects to reside in future.

Mrs. Gibson (N/S Gertrude Squire), of Regina, with her young son, was a visitor in Toronto in August. Mrs. MacQueen (N/S Scottie Ross) entertained in her honour. Among those present were Miss Ida Smith, superintendent of the Wellesley Hospital; Miss Mildred Robertson (her assistant), Mrs. Adams (N/S Seaborn Robertson), Mrs. Collier (N/S Bea Davidson), Mrs. Corrigan (N/S Chisholm), Mrs. James (N/S Helen Drummond), Miss Piggot, and others.

Miss Emma Pense (C.A.M.C.) and Miss Helen Shearer spent a few weeks in England during the latter part of the summer, and Miss Hilda Truro also spent some time abroad.

Mrs. Fraser (N/S Georgie McCulloch), with her husband, spent the early summer abroad.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

HALL—On June 30th, 1927, at Toronto, to Mr. and Mrs. Harold Hall (Marjorie M. Wilson, Grace Hospital, Toronto, 1917), a daughter (Jean).

HEDDEN—Recently, to Dr. and Mrs. Hedden (Freda Paterson, General Public Hospital, Saint John, N.B., 1923), of Memphis, Tenn., twin sons.

HICKEY—On August 20th, 1927, at Chicago, to Mr. and Mrs. Cornelius Hickey (Pauline Carrol, Montreal General Hospital, 1920), a daughter.

JONES—On May 17th, 1927, at Toronto, to Dr. and Mrs. Thomas Jones (Kathleen J. Conway, Grace Hospital, Toronto, 1924), a son (Thomas Wynne).

MORTIMER—On August 22nd, 1927, at Toronto, to Mr. and Mrs. D. F. Mortimer (Verna Woods, Brantford General Hospital), a son.

ROBERTS — On August 19th, 1927, in Toronto, to Mr. and Mrs. Roberts (Florrie Stewart, Wellesley Hospital, Toronto, 1919), a son (Ben MacBeath).

SAMPSON—On August 24th, 1927, to Mr. and Mrs. E. Sampson (Essel Edwards, Owen Sound General and Marine Hospital, 1923), a daughter.

TEAKLE — On August 18th, 1927, at Quebec, to Mr. and Mrs. Lennox St. J. Teakle (Margaret Wilson, Jeffrey Hale Hospital, 1920), a son (John Carter).

WAINES—On August 16th, 1927, at Toronto, to Mr. and Mrs. Russell Waines (Margaret G. Hamilton, Grace Hospital, Toronto, 1926), a son (Russell Hamilton).

MARRIAGES

ALLAN—NICHOL—On August 13th, 1927, Dorothy Isobel Nichol (Toronto General Hospital, 1926) to Roy W. Allan, of Toronto.

BARTLETT—PHELAN — On September 2nd, 1927, in Montreal, Una Marion Phelan (Western Hospital, Montreal, 1921) to Oswald Willoughby Bartlett, of Reading, England.

BADKE—ARMBRUST — On June 29th, 1927, at Port Dalhousie, Ont., Esther Magdalene Armbrust (St. Catharines General Hospital, 1923) to George J. Badke, of Toronto. At home—Toronto.

BROWN—GUY—On September 2nd, 1927, at Jackson, Mississippi, Margaret Munsie Guy, of Meaford (Owen Sound General and Marine Hospital, 1921) to William Vill Brown.

DOWSLEY — TAYLOR — On July 19th, 1927, at Indian Head, Sask., Theodora Taylor (Toronto General Hospital, 1924) to Dr. Gordon Dowsley. At home—Abbey, Sask.

ELLIOT—FRASER—On August 1st, 1927, in New York City, Isobel Fraser (Wellesley Hospital, Toronto, 1926) to Donald Elliot. At home—Winnipeg.

FRASER—HOOD—On August 24th, 1927, at Brandon, May Hood (Brandon General Hospital) to W. A. Fraser. At home—Winnipeg, Man.

GRIFFIN—CLARKE — On August 2nd, 1927, at Detroit, Mich., N/S Lillian Clarke, C.A.M.C. (graduate of Bradford, England) to the Rev. H. H. Griffin. At home—173 North Portage Path, Akron, O.

GUNN—GRIFFIN—On August 1st, 1927, at London, Ont., Laura Griffin (Sarnia General Hospital) to John M. Gunn, of London, Ont.

HARE—LESTER—On June 15th, 1927, at Edmonton, Dell Lester (Montreal General Hospital, 1916) to Gerald D. Hare. At home—Edmonton.

HILL—McCOOMBES—On September 3rd, 1927, at Brantford, Betty Hill (Brantford General Hospital) to George McCoombes, of St. Catharines.

KERVIN—MALONE—On July 2nd, 1927, at Hamilton, Ont., Vera Margaret Malone (Wellesley Hospital, Toronto, 1920) to John D. Kervin. At home—Winnipeg.

LITTLE — WILSON — On August 10th, 1927, at Alberni, B.C., Margaret Wilson (Ladysmith General Hospital, 1922, and Public Health Course, University of British Columbia, 1926) to Joseph Little, of Port Alberni. At home—Port Alberni.

MARKHAM — MOXON — On July 5th, 1927, at Saint John, N.B., Georgia A. Moxon (General Public Hospital, Saint John, 1923) to the Rev. Cecil Markham, Rector of Stanley, N.B.

MEEKISON—AUBIN — On August 27th, 1927, in Toronto, Suzanne Marie Aubin (Toronto General Hospital, 1923) to Donald Murray Meekison, M.B.

MOORE — ELLIOTT — On August 18th, 1927, at Vernon, B.C., Marion Elliott (Montreal General Hospital) to David Moore.

MORRISON — McMASTER — On August 3rd, 1927, at Toronto, Carmen McMaster (Brantford General Hospital) to Dr. D. A. Morrison, of Brantford.

MACDONALD — VEY — On August 4th, 1927, at Brookline, Mass., Florence Vey (General Hospital, Glace Bay, 1922) to Neil S. Macdonald. At home—Glace Bay, N.S.

McPHADEN — BATES — On June 15th, 1927, at Forest, Ont., Mildred Sophia Bates (Grace Hospital, Toronto, 1914) to Charles C. McPhaden. At home—"Edgewood," Cresswell, Ont.

NELSON — WILSON — On August 20th, 1927, at Coldwater, Melvina Wilson (Brantford General Hospital, 1922) to John Franklin Nelson, of Toronto.

PARSONS—MYRTHUE—On August 24th, 1927, at Standard, Alberta, Edyl Myrthue (Calgary General Hospital) to Cecil Parsons. At home—Revelstoke, B.C.

PEARCH — SKEANS — On August 3rd, 1927, at Tunbridge Wells, England, Marion Hudson Skeans (Toronto General Hospital, 1925) to Douglas Davisson Pearch, of Hastings, England.

PENGILLY—WRIGHT—On August 20th, 1927, at Marmora, Ont., Nancy Wright (Toronto General Hospital, 1926) to Albert Rennie Pengilly.

REID—MIDDLETON — On August 24th, 1927, at Victoria, B.C., Bessie Victoria Middleton (St. Joseph's Hospital, Victoria, 1919) to A. Gordon Reid. At home—San Francisco.

SMITH—KNOX—On August 15th, 1927, at Halifax, N.S., Alva Grace Knox (Victoria General Hospital, Halifax) to J. W. Smith. At home—Belvedere Apts., Halifax, N.S.

THOMPSON—FARRAGHER—On August 19th, 1927, in Toronto, Esther Farragher (Toronto General Hospital, 1925) to Cameron Thompson. At home — 93 Christie St., Toronto.

DEATHS

COOPER—On August 15th, 1927, Mary E. Cooper (Calgary General Hospital, 1917), registrar of the Calgary Graduate Nurses Association for the past four years.

GILROY—At Aberdeen, Wash., killed in an automobile accident, Isabel Gilroy (Vancouver General Hospital, 1926).

GORE—Recently, in Calgary, Louisa Gore (Holy Cross Hospital, 1924), of Swalwell.

PERCENTAGE OF MEMBERS OF PROVINCIAL ASSOCIATIONS WHO ARE SUBSCRIBERS TO

The Canadian Nurse

	Members (1926)	
ALBERTA	369	19.8%
BRITISH COLUMBIA	1,374	10.6%
MANITOBA	287	68.8%
NEW BRUNSWICK	166	37.5%
NOVA SCOTIA	431	14.0%
ONTARIO	1,093	127.0%
PRINCE EDWARD ISLAND	40	27.2%
QUEBEC	1,710	14.6%
SASKATCHEWAN	308	43.0%

Registration of Nurses

PROVINCE OF ONTARIO

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held Tuesday, Wednesday and Thursday, November 22nd, 23rd and 24th, 1927.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to Miss A. M. Munn, Reg.N., Parliament Bldgs., Toronto. No candidate will be considered for examination unless the completed application form, accompanied by the examination fee of $5.00, is received by the Inspector, before November 10th, 1927.

A. M. MUNN, Reg.N.,
Inspector of Training Schools.

WANTED

The Kentucky Committee for Mothers and Babies has positions for Public Health Nurses who hold the certificate in midwifery of the English, Scotch or Irish Central Midwives Board. For particulars address The Director, Mrs. Mary Breckinridge, Wendover, Leslie County, Ky., U.S.A.

WANTED

Graduates of accredited schools of nursing for general duty. Eight-hour day. Salary, $110 without room. Apply to Supt. of Nurses, Ravenswood Hospital, 1919 Wilson Ave., Chicago, Ill., U.S.A.

Superintendent wanted for Queen Victoria Hospital and Training School, Yorkton, Sask.; capacity 40 beds and 12 probationers. Salary $125.00 and found. Apply giving standing, experience, place of graduation, and submitting testimonials or references to **Secretary, J. M. Clark, Box 430, Yorkton, Sask.** Applications will be considered on December 1st.

THE
Manitoba Nurses' Central Directory

Registrar—ELIZABETH CARRUTHERS, Reg. N
Phone 30 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions $2.00 a year; single copies 20 cents. Club rates: Thirty or more subscriptions $1.75 each, if names, addresses and money are sent in at one time by one member of a federated association. Combined annual subscription with The American Journal of Nursing $4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary... Miss Christiane Reimann, Headquarters: 14 Quai des Eaux Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

Officers

Honorary President.....Miss M. A. Snively, 50 Maitland Street, Toronto, Ont
President.....
First Vice-President.....Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver, B.C.
Second Vice-President.....Miss M. Hersey, Royal Victoria Hospital, Montreal, P.Q.
Honorary Secretary.....Miss H. Buck, Sherbrooke Hospital, Sherbrooke, P.Q.
Honorary Treasurer.....Miss R. Simpson, Dept. of Education, Regina, Sask.

COUNCILLORS

Alberta: 1 Miss B. Guernsey, Royal Alexandra Hospital, Edmonton; 2 Miss Eleanor McPhedran, Central Alberta Sanatorium, Calgary; 3 Miss Elizabeth Clark, R.N., Dept. of Health, University of Alberta, Edmonton; 4 Miss Cooper, Ste. 6, Bank of Toronto, Jasper Ave., Edmonton.

British Columbia: 1 Miss K. W. Ellis, R.N., General Hospital, Vancouver, B.C.; 2 Miss Mabel Dutton, R.N., St. Paul's Hospital, Vancouver; 3 Miss I. M. Jeffares, R.N., Health Centre, Duncan, B.C.; 4 Miss M. L. McLeay, R.N., 915 Robson Street, Vancouver, B.C.

Manitoba: 1 Miss E. Gilroy, 674 Arlington St., Winnipeg; 2 Miss M. Allan, Children's Hospital, Winnipeg; 3 Miss E. Parker, 6 Cycel Court, Furby St., Winnipeg; 4 Miss T. O'Rourke, 364 Maplewood Avenue, Winnipeg.

Nova Scotia: 1 Miss Mary F. Campbell, 344 Gottingen Street, Halifax; 2 Miss Agnes D. Carson, Children's Hospital, Halifax; 3 Miss Margaret E. MacKenzie, Dept. of Public Health, Province Bldg., Halifax; 4 Miss Mary B. McKeil, 88 Dresden Row, Halifax.

New Brunswick: 1 Miss A. J. MacMaster, City Hospital, Moncton; 2 Miss Margaret Murdoch, General Public Hospital, St. John; 3 Miss H. S. Dykeman, Health Centre, 134 Sidney St., St. John; 4 Miss Myrtle Kay, 21 Austin St., Moncton.

Ontario: 1 Miss Florence H. M. Emory, School of Hygiene, University of Toronto, Toronto; 2 Miss E. M. McKee, General Hospital, Brantford; 3 Miss E. Cryderman, Sherbourne House, Sherbourne St., Toronto; 4 Miss H. Carruthers, 112 Bedford Rd., Toronto.

Prince Edward Island: 1 Miss Anna Mair, P.E.I. Hospital, Charlottetown; 2 Sr. Ste. Faustina, Charlottetown Hospital, Charlottetown; 3 Miss Mona Wilson, G.W.V.A. Building, Charlottetown; 4 Miss Millie Gamble, Tryon.

Quebec: 1 Miss M. F. Hersey, Royal Victoria Hospital, Montreal; 2 Miss Ethel Sharpe, Royal Victoria Hospital, Montreal; 3 Miss Marguerite V. Sinclair, 37 St. Mark St., Montreal; 4 Sister Augustine, Hospital Ste. Jean de Dieu, Montreal.

Saskatchewan: Miss S. A. Campbell, City Hospital, Saskatoon; 2 Miss M. I. Hall, Victoria Hospital Prince Albert; 3 Miss R. M. Simpson, Department of Education, Regina; 4 Miss C. Wood, 1823 Victoria Avenue, Regina.

ADDITIONAL MEMBERS TO EXECUTIVE (Chairmen National Sections)

Nursing Education: Miss Jean I. Gunn, Toronto General Hospital, Toronto, Ont. **Public Health:** Miss E. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa, Ont. **Private Duty:** Miss E. Hamilton, 311 St. George Apts., Bloor & George Sts. Toronto, Ont.

Executive Secretary.....Miss Jean S. Wilson

National Office, 511, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section.

NURSING EDUCATION SECTION

Chairman: Miss Jean I. Gunn, Toronto General Hospital, Toronto, Ont. **Secretary:** Miss E. McPhedran, Central Alberta Sanatorium, Calgary, Alta. **Treasurer:** Miss G. Bennett, Ottawa Civic Hospital, Ottawa, Ont.

Councillors.–Alberta: Miss Eleanor McPhedran. **British Columbia:** Miss H. Randal. **Manitoba:** Miss E. Russell. **New Brunswick:** Miss M. Pringle. **Nova Scotia:** Miss A. Carson. **Ontario:** Miss E. M. McKee. **Prince Edward Island:** Miss Green. **Quebec:** Miss S. E. Young. **Saskatchewan:** Miss C. E. Guillod.

Convener Press Committee: Miss Frances Reed, Montreal General Hospital, Montreal, P.Q.

PRIVATE DUTY SECTION

Chairman: Miss Emma Hamilton, 311 St. George Apts., Bloor and George Sts., Toronto, Ont. **Secretary-Treasurer:** Miss Helen Carruthers, 112 Bedford Road, Toronto, 5, Ont.

Councillors.—Alberta: Mrs. Fulcher, Ste. 8, Radio Block, Calgary, Alta. **British Columbia:** Miss M. Mirfield, 1180 15th Ave. W., Vancouver, B.C. **Manitoba:** Miss T. O'Rourke, 364 Maplewood Ave., Winnipeg, Man. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton, N.B.; **Nova Scotia:** Miss Mary B. McKeil, 88 Dresden Row, Halifax, N.S. **Ontario:** Miss Helen Carruthers, 112 Bedford Rd., Toronto, Ont. **Prince Edward Island:** Miss B. M. Tweedy, 17 Pownal St., Charlottetown, P.E.I. **Quebec:** Miss Mary Eaton, 758 Sherbrooke St. W., Montreal, P.Q. **Saskatchewan:** Mrs. A. Handrahan, 1140 Redland Ave., Moose Jaw, Sask.

Convener Press Committee: Miss Agnes Jamieson, 38 Bishop St., Montreal, P.Q.

PUBLIC HEALTH SECTION

Chairman: Miss E. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa, Ont. **Vice-Chairman:** Miss L. Holland, 22 Prince Arthur Ave., Toronto, Ont. **Secretary-Treasurer:** Miss E. Beith, Child Welfare Association, Montreal, P.Q.

Councillors.—Alberta: Miss E. Clarke, Provincial Dept. of Health, Edmonton. **British Columbia:** Miss E. Morrison, Edelweiss, View Royal, R.M.R. No. 1, Victoria. **Manitoba:** Miss G. N. Hall, Provincial Board of Health, Portage la Prairie. **New Brunswick:** Miss H. S. Dykeman, Health Centre, St. John. **Nova Scotia:** Miss M. MacKenzie, Prov. Dept of Health, Halifax. **Ontario:** Miss E. H. Dyke, City Hall, Toronto. **Prince Edward Island:** Miss Mona Wilson, G.W.V.A. Bldg., Charlottetown. **Quebec:** Miss L. M. Moag, 46 Bishop St., Montreal. **Saskatchewan:** Miss K. Connor, City Hospital, Saskatoon.

Convener Publication Committee: Miss E. Wilson, Provincial Dept. of Nursing, Parliament Bldg., Winnipeg, Man.

THE CENTRAL REGISTRY GRADUATE NURSES

Supply Nurses any hour day or night.

Phone Garfield 382

Registrar
ROBENA BURNETT, Reg. N.
33 SPADINA AVENUE
HAMILTON - ONTARIO

WANTED

Registered nurses for general duty in Cleveland hospitals, salary $80 and $85, with maintenance.

Address:
CENTRAL COMMITTEE ON NURSING,
2157 Euclid Avenue,
Cleveland, Ohio
(No fee.)

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT
Telephone Kingsdale 2136
Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO

MARGARET EWING, Registrar

Orthopaedic Nursing
Post Graduate Course

NEW YORK ORTHOPAEDIC DISPENSARY AND HOSPITAL offers a three-months' course in Orthopaedic Nursing. Capacity of the Hospital is 130 beds. Lectures by Professor of Orthopaedic Surgery and Assistants of Columbia University.

Classes, Demonstrations, Practical Work in the wards and Operating Room.

Remuneration, $30.00 per month with full maintenance. Classes form the first of each month. Affiliations with schools of nursing accepted. For further particulars write to Directress of Nurses, New York Orthopaedic Dispensary and Hospital, 420 East 59th Street, New York, N.Y.

A POST-GRADUATE AND AN AFFILIATED SCHOOL FOR NURSES

The Laurentian Sanatorium School for Nurses offers a two-months' special course in Tuberculosis, its cure and prevention, to graduates of accredited schools and students of such schools during their third year. The usual agreement between schools affiliating can be arranged. The course, which includes besides bedside nursing experience, thirty one-hour lectures and demonstrations covering a field of education beginning with the ancient history of the disease, to and including modern public health methods of cure and prevention. Bed capacity 250. Graduates receive $50 per month and full maintenance. For further information address

E. Frances Upton, R.N., Matron
LAURENTIAN SANATORIUM
Ste. Agathe des Monts Quebec

The New York Polyclinic Medical School and Hospital

offers Post-Graduate courses to registered nurses. Special emphasis on operating room technique and management and preparation for all types of clinical nursing and administration of clinics. Professional certificates granted at the end of the courses. Write to the Directress of Nurses for illustrative and descriptive material. Directress of Nurses 345 West 50th St., New York City.

NURSERY NAME NECKLACE

Write for sample necklace and illustrated booklet describing this foolproof, ornamental baby identification.

J. A. DEKNATEL & SON, INC.
99-22, 222nd Street
QUEENS VILLAGE, LONG ISLAND, N.Y.

WOMENS' HOSPITAL
IN THE STATE OF NEW YORK
West 110th Street, New York City
150 Gynecological Beds
50 Obstetrical Beds
AFFILIATIONS
offered to accredited Training Schools for three months' courses in Obstetrics.
POST-GRADUATE COURSES
Six months in Gynecology, Obstetrics, Operating Room Technic, Clinics, and Ward Management.
Three months in Obstetrics or
Three months in Operating Room Technic and Management.
Theoretical instruction by Attending-Staff and Resident-Instructor.
Post-Graduate Students receive allowance of $15.00 monthly and full maintenance.
Nurse helpers employed on all Wards.
Further particulars furnished on request
For further particulars address—DIRECTRESS OF NURSES

Please mention "The Canadian Nurse" when replying to Advertisers.

ALBERTA ASSOCIATION OF REGISTERED NURSES

President, Miss B. Guernsey, R.N., Alexandra Hospital, Edmonton; 1st Vice-President, Miss Sadie MacDonald, R.N., General Hospital, Calgary; 2nd Vice-President, Miss Eleanor McPhedran, R.N., Central Alberta Sanatorium, Calgary; Secretary-Treasurer and Registrar, Miss Elizabeth Clark, R.N., Dept. of Public Health, Parliament Buildings, Edmonton; Council, Misses Eleanor McPhedran, R.N., Miss Beatrice Guernsey, R.N., Sadie MacDonald, R.N., Elizabeth Clark, R.N., Mary M. Black, R.N., University Hospital, Edmonton; E. M. Auger, R.N., General Hospital, Medicine Hat; Sister Laverty, R.N., Holy Cross Hospital, Calgary.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss K. W. Ellis, R.N., General Hospital, or 125 Vancouver Block, Vancouver; First Vice-President, Mrs. M. E. Johnson, R.N., Bute Street Hospital, Vancouver; Second Vice-President, Miss Mary P. Campbell, R.N., 1625-10th Ave. W., Vancouver; Secretary, Mrs. Eva Calhoun, R.N., 125 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, R.N., 125 Vancouver Block, Vancouver; Conveners of Sections, Nursing Education, Miss Mabel F. Gray, R.N., Dept. of Nursing and Health, University of British Columbia; Public Health, Miss I. M. Jeffares, R.N., Health Centre, Duncan; Private Duty, Miss M. L. McLeay, R.N., 915 Robson St., Vancouver; Councillors, Misses E. Breeze, R.N.; M. Dutton, R.N.; M. E. Morrison, R.N.; K. S. Stott, R.N.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss E. Gilroy, 674 Arlington St., Winnipeg; First Vice-President, Miss E. A. Russell, Dept. of Nursing, Parliament Bldgs., Winnipeg; Second Vice-President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; Third Vice-President, Miss C. Macleod, General Hospital, Brandon; Recording Secretary, Miss E. Carruthers, 753 Wolseley Ave., Winnipeg; Corresponding Secretary, Miss A. E. Wells, Provincial Health Dept., Parliament Bldgs., Winnipeg; Treasurer, Miss Rose Quinn, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

President, Miss A. J. MacMaster, City Hospital, Moncton; First Vice-President, Miss Margaret Murdoch, General Public Hospital, St. John; Second Vice-President, Miss Mabel MacMullin, St. Stephen; Honorary Secretary, Mrs. Walter S. Jones, Albert, Albert Co.; Councillors: St. John, Misses E. J. Mitchell, Sara Brophy, Florence Coleman, H. S. Dykeman and Ella Cambridge; St. Stephen, Misses C. M. Boyd and Mabel MacMullin; Fredericton, Misses Ethel Harvey and Dorothy Parsons; Moncton, Misses Myrtle Kay and A. J. MacMaster; Newcastle, Miss Lena Campbell; Bathurst, Miss Edith Stewart; Conveners of Sections: Public Health, Miss H. S. Dykeman, 134 Sidney St., St. John; Private Duty, Miss Myrtle Kay, 21 Austin St. Moncton; Nursing Education, Miss Margaret Murdoch, General Public Hospital, St. John; Constitution and By-laws Committee, Miss Sara Brophy, Fairville; "The Canadian Nurse" Committee, Miss Ella Cambridge, 135 King St. East, St. John; Secretary-Treasurer and Registrar, Miss Maude Retallick, 215 Ludlow St. West, St. John.

THE REGISTERED NURSES' ASSOCIATION OF NOVA SCOTIA, HALIFAX

President, Miss Mary F. Campbell, V.O.N., 344 Gottingen St., Halifax; First Vice-President, Miss Florence McInnes, Kentville Sanatorium; Second Vice-President, Miss Hilda MacDonald, Normal College, Truro; Third Vice-President, Miss Margaret MacKenzie, Provincial Public Health Nursing Service; Secretary, Miss Edith Fenton, Dalhousie Public Health Clinic, Halifax; Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss Florence Emory, School of Hygiene, University of Toronto, Toronto; First Vice-President, Miss Edith Rayside, General Hospital, Hamilton; Second Vice-President, Miss Bertha Hall, 323 Jackson Bldg., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 279 Willard Ave., Toronto; Chairman Private Duty Section, Miss Helen Carruthers, 112 Bedford Rd., Toronto; Chairman Nursing Education Section, Miss E. Muriel McKee, General Hospital, Brantford; Chairman Public Health Section, Miss Ethel Cryderman, 439 Sherbourne St., Toronto; District Representatives: Miss G. Fairley, London; Miss H. Doeringer, Paris; Miss Ella Buckbee, Hamilton; Miss Mary Millman, Toronto; Miss Margaret Tait, Belleville; Miss Louise Acton, Kingston; Miss Marian May, Ottawa; Miss E. Rodgers, North Bay; Miss Jane Hogarth, Fort William.

ASSOCIATION OF REGISTERED NURSES, PROVINCE OF QUEBEC

President, Miss M. F. Hersey, Royal Victoria Hospital, Montreal; Vice-Presidents: (French) Miss E. B. Hurley, University of Montreal, (English) Miss S. E. Young, Montreal General Hospital; Treasurer, Miss Olga Lilly, Maternity Pavilion, Royal Victoria Hospital, Montreal; Rec. Secretary, Miss Catherine Ferguson, Alexandra Hospital, Montreal, Other Members of Committee of Management: Miss Louise Dickson, Shriners' Hospital, Miss Caroline Barrett, Maternity Hospital, Royal Victoria Hospital, Sister Marie-Claire, Hopital de la Misericorde, Miss Frances Reed, Montreal General Hospital, Miss Muriel Stewart, 99 Northcliffe Avenue; Registrar and Executive Secretary, Miss M. Clint, 54 Overdale Ave., Montreal. Conveners of Standing Committees, Nursing Education, (French) Sister Augustine, Hopital St. Jean de Dieu, Montreal, (English) Miss Ethel Sharpe, Royal Victoria Hospital, Montreal; Public Health Nursing, Miss Marguerite V. Sinclair, 37 St. Mark St., Montreal; Private Duty Section; Board of Examiners, (English) Miss Dickson, Miss Beith, Miss Slattery, (French) Miss Barrett, Mrs. Bourque, Miss Sarah Gosselin, 4285 Dorchester St., Montreal.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1917)

President, Miss S. A. Campbell, City Hospital, Saskatoon; First Vice-President, Miss C. I. Stewart, Red Cross Society, Regina; Second Vice-President, Sister Raphael, Providence Hospital, Moose Jaw; Councillors: Sister O'Grady, Grey Nuns' Hospital, Regina; Miss Margaret McGill, University of Saskatchewan, Saskatoon, Sask.

Conveners of Committees—Nursing Education Committee, M. I. Hall, Victoria Hospital, Prince Albert; Public Health Committee, Miss R. M. Simpson, Department of Education, Regina; Private Duty Committee, Miss C. Wood, 1823 Victoria Ave., Regina.

Secretary and Registrar, Miss Edna M. Lyne, 39 Canada Life Bldg., Regina, Sask.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stuart Brown; President, Miss B. J. von Grvenigen; First Vice-President, Miss Fraser; Second Vice-President, Miss G. A. Norditromn; Treasurer, Miss Harriet Ash; Recording Secretary, Miss J. Lyndon; Corresponding Secretary, Miss L. S. Arnold.

Conveners of Committees—Private Duty, Miss P. Bishop; Entertainment, Miss Fraser; Finance, Miss Agnes Kelly; Registrar, Miss M. E. Cooper.

EDMONTON GRADUATE NURSES' ASSOCIATION

President, Miss B. Emerson; Vice-Presidents, Miss Welsh, Miss Tanner; Secretary, Miss B. Bean; Treasurer, Miss Christianson; Corresponding Secretary, Miss J. M. Chinneck, 9938-104th Street; Registrar, Miss Sproule; Programme Committee, Miss M. Gould, Miss M. Staley; Visiting Committee, Miss Potter, Mrs. J. Cox.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Mrs. Hayward, 241-1st St.; First Vice-President, Mrs. Dixon, 234-1st St.; Second Vice-President, Mrs. Anderson, 335-1st St.; Secretary, Miss Lonsdale, 368-1st St.; Treasurer, Miss Hicks, General Hospital; Representative, "The Canadian Nurse," Miss Twaites, General Hospital; Executive Committee, Miss Auger, General Hospital; Mrs. Oliver, 202-1st St.; Mrs. Tobin, 81-4th St.; Flower Committee, Mrs. Huycke, 26-4th St.; Correspondent, "The Canadian Nurse," Miss Smith, 938-4th St.; New Members, Miss Auger, General Hospital.

ALUMNAE ASSOCIATION OF THE SCHOOL OF NURSING, ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss B. Guernsey, Royal Alexandra Hospital; President, Miss L. Laurie, Royal Alexandra Hospital; First Vice-President, Mrs. H. P. Baker, 10514 126th St.; Second Vice-President, Mrs. Scott Hamilton, 10806 126th St.; Recording Secretary, Miss I. Johnston, Royal Alexandra Hospital; Corresponding Secretary, Miss S. C. Christensen, 11612 94th St.; Treasurer, Miss B. Bean, 10210 107th St.; Executive Committee, Misses Griffiths, Lord, Mrs. Thompson; Refreshment Committee, Misses Christie and Graham; Sick Visiting Committee, Mrs. Brennan and Mrs. W. MacKay.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS:

Chicago Lying-in Hospital and Dispensary

426 East 51st Street, CHICAGO

A Post-Graduate Training School for Nurses

AND

An Affiliated Training School for Nurses

The Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, offers to graduates of accredited training schools a two months' course, both theoretical and practical, in the nursing care of the diseases of the eye, ear, nose and throat. The course includes operating room experience. If desired, a third month may be spent in the social service department.

This course is very valuable to public health nurses, especially to those in schools and industries.

Hospital capacity, 211 beds; Out-patients daily average 226. A comfortable and attractive Nurses' Home faces the Charles River. Allowance to post-graduate students, twenty (20) dollars a month and full maintenance. The same course, including the third month, is available by application to students of approved schools.

For further information address:—

SALLY JOHNSON, R.N.,
Superintendent of Nurses

The Maternity Hospital and Dispensaries

WESTERN RESERVE UNIVERSITY

In the effort to meet appeals coming from all parts of the country for nurses capable of giving proper care to the pregnant, parturient and puerperal women, Maternity Hospital has arranged for graduates of accredited schools a comprehensive

Post Graduate Course	Four Months
Theoretical instruction	50 hours
Practical demonstrations	50 hours

Supervised practice and individual instruction during the

Time Assigned to Various Departments	
Mothers	3 weeks
Nurseries	4 weeks
Surgery and Delivery Rooms	3 weeks
Babies' Hospital and Dispensary	1 week
Out-Patient Department	6 weeks
Social Service	
Prenatal	
Postpartum	
Deliveries	

Full credit is given by Public Health organizations for the time spent in this Out-Patient Department.

Maintenance and an honorarium of $100.

Apply, SUPERINTENDENT,
2105, Adelbert Rd., Cleveland, O.

Please mention "The Canadian Nurse" when replying to Advertisers.

Executive Committee.—The Officers, and Miss Elizabeth Clarke, Public Health Department; Mrs. H. Philip Baker, 10514 126th St.; Miss Van Camp. Clover Bar; Sick Visiting Committee, Mrs. C. Chinneck 9913-112th Street, and Mrs. R. A. Cameron, 9828-108th Street; Refreshments, Miss H. Smith, Royal Alexandra Hospital.

VANCOUVER GRADUATE NURSES ASSOCIATION

President, Miss Ida B. M. Ewart, 2775 38th Ave. W.; First Vice-President, Miss Mary P. Campbell, 1625 10th Ave. W.; Second Vice-President, Miss Edith E. Lumsden, 2454 13th Ave. W.; Secretary, Miss Helena G. Munslow, 175 Broadway E.; Treasurer, Miss Lillian G. Archibald, 536 12th Ave. W.; Executive Committee, Miss Maud Mirfield, Chatham House Hospital, Miss Eva D. Calhoun, 2621A Columbia St., Miss Elizabeth Hall, R.R. No. 1, Eburne, B.C., Miss Mary A. McLellan, 1883 3rd Ave. W.; Miss Mabel L. Dutton, St. Paul's Hospital; Conveners of Committees: Directory, Miss Kathleen W. Ellis, Vancouver General Hospital; Programme, Miss Kathleen I. Sanderson, Vancouver General Hospital; Social, Miss Bertha Cunliffe, Vancouver General Hospital; Sick Visiting, Miss Mary C. E. Stevenson, Vancouver General Hospital; Ways and Means, Miss Elizabeth V. Cameron, 4311 Pine Crescent.

ALUMNAE ASSOCIATION OF ST. PAUL'S HOSPITAL, VANCOUVER, B.C.

Hon. President, Rev. Sister Superior, St. Paul's Hospital; Hon. Vice-President, Rev. Sister Mary Alphonsus, St. Paul's Hospital; President, Miss Elva Stevens, 1370 Davis St.; Vice-President, Miss K. McGovern, 3-1225 Nelson St.; Secretary, Mrs. Evelyn Faulkner, 1128 Union Street; Treasurer, Miss J. Morton, 1355 Burrard St.; Executive Committee, the Misses M. Rogerson, K. Doumont, A. Jackson, M. Becker, M. Krotska.

Regular Meeting—First Tuesday in every other month.

VANCOUVER GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss K. Ellis, Vancouver General Hospital; President, Mrs. John Granger, 4921 Marguerite Ave.; First Vice-President, Mrs. Roy Stevens; Second Vice-President, Mrs. Alexander McCallum; Secretary, Miss Blanche Harvie, 1016 Pacific Street; Asst. Secretary, Mrs. Percy Jones; Treasurer, Miss A. L. Geary, Vancouver General Hospital; Conveners of Committees: Sick Visiting, Miss Mary Stevenson; Membership, Miss Hilda Smith; Refreshments, Mrs. Gittens; Programme, Miss Isabel McVicar; Sewing, Mrs. Black; Press (Local Papers), Miss B. Hastings; "Canadian Nurse," Miss D. Jack, 1090 12th Ave. W., Vancouver.

PROVINCIAL ROYAL JUBILEE HOSPITAL ALUMNAE ASSOCIATION, VICTORIA, B.C.

President, Miss E. Alexander; First Vice-President, Miss H. Murray; Second Vice-President, Mrs. J. H. Russell; Treasurer, Mrs. A. M. Johnson; Secretary, Miss M. Carley, 1209 Pandora Ave., Victoria.

ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION, VICTORIA, B.C.

President, Mrs. Jean Beach, 231 St. Andrews St.; First Vice-President, Miss Mina Craighead, 940 Fullerton Ave.; Second Vice-President, Miss Norah Knox, 1024 Pakington St.; Corresponding Secretary, Mrs. Myrtle Willson, 2224 Hampshire Terrace; Recording Secretary, Miss Doris Taylor, 1024 Pakington St.; Secretary-Treasurer, Miss Elizabeth Reid, 123 Simcoe St.; Councillors: Mrs. May Smith, the Misses Eunice McDonald, Bessie Graham, Kathleen Fraser.

BRANDON GRADUATE NURSES' ASSOCIATION

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Mrs. A. V. Miller; Vice-Presidents, Mrs. N. Renwick and Miss R. McCulloch; Secretary, Miss E. McNally; Treasurer, Miss H. Boyes; Programme Convener, Miss M. F. Conley; Sick Visitors (Convener), Mrs. W. Borthwick; Press Representative, Miss R. Dickie; Registrar, Miss C. M. Macleod.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sister Mead, St. Boniface Hospital; Hon Vice-President, Rev. Sister Krause, St. Boniface Hospital; President, Miss Theresa O'Rourke, 364 Maplewood Ave; First Vice-President, Miss S. M. Wright, Children's Hospital, Winnipeg; Second Vice-President, Miss Ethel Peary, 29 Congress Apts., River Ave., Winnipeg; Secretary, Miss Olive Heath, Ste. 3 Reliance Blk., Young St., Winnipeg; Treasurer, Miss A. M. Trudel, Ste. 3 Reliance Blk., Young St., Winnipeg; Convener, Social Committee, Mrs. G. W. McIntosh, 200 Kennedy St.; Convener, Sick Visiting Committee, Miss Norah O'Meara, 17 Dundurn Place, Winnipeg; Convener, Refreshment Committee, Miss Etta Shirley, 645 Garwood Ave., Winnipeg; Representative to Registry, Press and Publications, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; Circulation Manager for "The Canadian Nurse," Miss Clara Code, 21 Hekla Apts., Toronto St., Winnipeg; Representatives to Local Council of Women, Mrs. Hall, Mrs. McIntosh, Misses Peary and O'Rourke.

WINNIPEG GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss Ethel Ironsides, 876 Bannatyne Ave.; First Vice-President, Mrs. Fletcher Argue, 189 Kingston Row; Second Vice-President, Mrs. Grant Miller, Winnipeg General Hospital; Third Vice-President, Miss E. Mae Fraser, Winnipeg General Hospital; Recording Secretary, Miss Bertha Arnold, Winnipeg General Hospital; Corresponding Secretary, Mrs. W. M. Musgrove, 4 "B" Westmoreland Apts.; Treasurer, Mrs. H. J. Graham, 99 Euclid Ave.; Conveners of Committees: Sick Visiting, Miss Sadie Bentley; Programme, Mrs. J. A. Davidson; Membership, Miss G. Johnson.

ALUMNAE ASSOCIATION OF GLACE BAY GENERAL HOSPITAL

Hon. President, Miss I. MacNeil; President, Mrs. J. A. McLeod; First Vice-President, Miss Lyda A. Spencer; Second Vice-President, Miss Abigail MacKenzie; Treasurer, Miss Cora Ferguson; Recording Secretary, Miss Greta Taylor; Corresponding Secretary, Miss Lydia Turner, Social Service Nurse, General Hospital, Glace Bay, Cape Breton, N.S. Executive Committee: Misses Florence Kerr, Christene MacDonald, Victoria MacCuish, Margaret MacKinnon, Mary MacPherson, Annie Callaghan.

GALT GRADUATE NURSES' ASSOCIATION

Hon. President, Miss C. L. LaRose, Galt Hospital; President, Mrs. Wm. Wallace, 56 Forbes Street; First Vice-President, Mrs. Harry Rigsby, 58 Barrie St.; Second Vice-President, Miss Jessie Bell, 56 Forbes Street; Secretary-Treasurer, Miss Sarah Mitchell, 11 Harris Street; Asst. Secretary-Treasurer, Mrs. A. Hawk, Queen's Square.

KITCHENER AND WATERLOO REGISTERED NURSES' ASSOCIATION

President, Miss V. Winterhalt; First Vice-President, Miss M. Elliott; Second Vice-President, Miss Berlett; Treasurer, Mrs. W. Knell, 41 Ahrens St.; Secretary, Miss E. Masters, 13 Chapel Street; Representative to "The Canadian Nurse," Miss E. Ferry, 102 Young Street, Kitchener.

THE EDITH CAVELL ASSOCIATION OF LONDON

President, Mrs. E. S. Partridge, 125 Elmwood Ave.; First Vice-President, Miss Anne P. Evans, 639 Wellington St.; Second Vice-Preosident, Miss Cora Macpherson, Victoria Hospital; Secretary-Treasurer, Miss Elizabeth Morris, 15 Bellevue Ave.; Social Secretary, Miss Elizabeth Morris, 15 Bellevue Ave.; Programme Convener, Miss L. Griffin, Victoria Home, Grand Ave.; Special Member of Executive, Miss Josephine Little, Supt. Aged People's Home.

SMITH'S FALLS GRADUATE NURSES' ASSOCIATION

Honorary President, Miss J. Taggart; President, Miss A. Church; First Vice-President, Miss I. MacKay; Second Vice-President, Miss L. McKay; Secretary, Miss W. Gore, Box 314, Smith's Falls; Treasurer, Miss

G. Shields; Registrar, Miss Howard; Conveners of Committees: Social, Misses G. Currie, B. Clark, I. MacKay; Credential, Misses A. Hayes, R. Thom, G. Gore; Floral, Misses L. McKay, E. Condie; Representatives to Local Council of Women, Misses A. Church, E. Condie, S. McKay, G. Shields.

Regular meeting—3rd Wednesday of each month.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

President, Miss Barbara Ross, 45 Dundonald St.; Vice-President, Miss Janet, Allison, 57 St. Ann's Rd.; Secretary, Miss Mary Gridley, 20A Crescent Rd. Apts., 1050 Yonge St.; Treasurer, Miss Clara Dixon, Women's College Hospital; Councillors: Miss Frances Browne, 35 Chicora Ave.; Miss Ethel Greenwood, 34 Homewood Ave.; Miss Ada Luxon, 166 Grace St.; Miss Ruby Hamilton, 36 Maitland St.; Miss Ida MacAfee, Western Hospital; Miss Helen MacIntyre; Mrs. Josephine Clissold, 34 Inglewood Dr.; Miss Lily Delaney, Hospital for Incurables.

DISTRICT No. 8, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss G. Garvin; Vice-Chairman, Miss G. Bennett; Secretary-Treasurer, Mrs. C. L. Devitt; Councillors, Misses Maxwell, Jackson, Marion May, MacGibbon, F. Nevins, Whiting (Cornwall, Ont.); Representative to Board of Directors, R.N.A.O. Miss Marion May; Conveners of Committees: Public Health, Miss MacGibbon; Private Duty, Miss F. Nevins; Membership, Miss Maxwell; Programme, Miss Jackson; Publication, Miss G. Bennett.

DISTRICT No. 10, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Jane Hogarth, Fort William; Vice-Chairman, Miss P. Morrison, Fort William; Secretary-Treasurer, Miss T. E. Gerry Fort William; Councillors, Misses S. McDougall and M. Stowe, Port Arthur; Misses A. Walker, E. Hubman, Bell and Mrs. Foxton, Fort William; Private Duty Representative, Miss S. McDougall; Public Health Representative, Miss E. Hubman; Nursing Education Representative, Miss P. Morrison; Membership Committee, Miss Walker (Convener), Misses Wade, Boucher, McCutcheon; Programme Committee, Mrs. Foxton (Convener), Mrs. McCartney, Misses McDougall, Lovelace, Cudmore; Finance Committee, Miss Bell (Convener), Misses R. Graham, M. Stowe, B. Montpetit; "The Canadian Nurse" Representative, Mrs. Foxton.

BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. Tait; President, Miss R. Coulter; Vice-President, Miss M. Turnbull; Secretary, Miss H. Collier; Treasurer, Miss M. Hales; Corresponding Secretary, Miss E. Cronk; Advisory Committee, Misses R. Coulter, B. Soutar, H. Collier, E. Wright, Mrs. P. Cook; Flower Committee, Misses V. Humphries, E. Hull, B. Soutar, M. Cockburn, Mrs. P. Cook.

Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL, BRANTFORD, ONT.

Hon. President, Miss E. M. McKee, Brantford General Hospital; President, Miss Jessie Wildon; Vice-President, Miss Dora Arnold; Treasurer, Miss Gladys Westbrook; Secretary, Miss Kate Charnley; Assistant Secretary, Miss Doris Small; Flower Committee, Miss Edmonson, Miss Nellie Yardley; Gift Committee, Miss Hilda Booth, Miss Margaret Gillespie; "Canadian Nurse" Representative, Miss Margaret McCormack; Representative to Local Council of Women, Mrs. Melliard; Convener, Social Committee, Miss Anne Fair.

BROCKVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss Alice L. Shannette, Superintendent, Brockville General Hospital; President, Mrs. H. B. White, 133 King Street E.; First Vice-President, Miss Maude Arnold, 206 King E.; Second Vice-President, Miss Jean Nicolson, 266 King W.; Third Vice President, Mrs. W. B. Reynolds, 68 Bethune St.; Secretary, Miss M. Beatrice Hamilton, Asst. Supt., Brockville General Hospital; Treasurer, Mrs. Geo. Lafayette, 454 King W.; Representative to "The Canadian Nurse," Miss Gertrude Myers, Night Supervisor, Brockville General Hospital; Refreshment Committee, Mrs. Allan Gray, 466 King W.; Mrs. Herbert Vandusen, 65 Church St.

THE ALUMNAE ASSOCIATION OF THE PUBLIC GENERAL HOSPITAL, CHATHAM, ONT.

Hon. President, Miss P. Campbell, Supt. of Public General Hospital; President, Mrs. Clarence Coyle, 3 Ellwood Ave.; First Vice-President, Mrs. Fred Clark, King St.; Second Vice-President, Miss Jean Coatsworth, 224 Victoria Ave.; Recording Secretary, Mrs. Bruce Bourne, 16 Robertson Ave.; Corresponding Secretary and Press Correspondent, Miss Grace McKerracher, 46 McKeough Ave.; Treasurer, Miss Lila Baird, 374 Victoria Ave.; Representative, "The Canadian Nurse," Mrs. C. N. Crysler, 102 Cross St.

THE ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION, CHATHAM, ONT.

Hon. President, Mother St. Roche; Hon. Vice-President, Sister M. Remegius; President, Miss Charlotte Neff; Vice-President, Miss Kate Dillon; Secretary, Miss Jean Lundy, Apt. 9, Parkview Apartments, Chatham; Treasurer, Miss Hazel Gray; Representative to "The Canadian Nurse," Miss Anna Currie; Sick Visiting Committee, Misses L. Richardson and G. Norton.

Regular meeting first Monday of each month.

CORNWALL GENERAL HOSPITAL ALUMNAE ASSOCIATION, CORNWALL, ONT.

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Mrs. Boldick; Second Vice-President, Miss Mabel Hill; Secretary-Treasurer, Miss Helen C. Wilson, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss Helen C. Wilson.

THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDRA HOSPITAL, FERGUS, ONT.

Hon. President, Miss Helen Campbell; President, Mrs. Bean, 54 Rosemount Ave., Toronto; First Vice-President, Miss Marian Petty; Second Vice-President, Mrs. Ida Ewing; Treasurer, Miss Bertha Brillinger, 8 Oriole Gardens, Toronto; Secretary, Miss Evelyn Osborne, 8 Oriole Gardens, Toronto; Asst. Secretary, Mrs. N. Davidson, Fergus Hospital; Press Secretary, Miss Jean Campbell, 72 Hendrick Ave., Toronto.

GUELPH GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Elizabeth Shortreed; President, Mrs. Reg. Hockin; First Vice-President, Miss Ferguson Second Vice-President, Miss Etta Stewart; Treasurer, Miss Beatrice McDonald; Secretary, Miss Manie Fletcher; Correspondent, Miss Nellie Cooke

HAMILTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Miss Jean Souter, Hamilton General Hospital; Vice-President, Miss Eva Hulek, 50 Fairholt S.; Recording Secretary, Miss Ella Baird, 158 James S.; Cor. Secretary, Miss Janie Cordner, 70 London Ave; Treasurer, Miss Hilda Merrett, 7 Gage Ave. N.; Programme Committee, Miss Atkins, Convener; Misses Mabel Chappel, Harrison, Tessie Armstrong, Annie Raybold, Catherine Harley; Flower and Visiting Committee, Miss Annie Kerr, Convener; Misses Buckbee, Squires, McDermott; Registry Committee, Misses A. Kerr, Clara Waller, Ketchen, B. Binkley; Executive Committee, Miss H. A. Sabine, Convener, Misses Hall, Champ, Buscombe, Cora Taylor; Representatives to Local Council of Women, Misses Burnett, Sadler, Laidlaw, Buckbee; Representatives, "The Canadian Nurse," Miss Burnett, Miss McIntosh, Convener; Misses Sadler, Spence, Squires; R.N.A.O., Private Duty, Miss Hanselman.

ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON, ONT.

Hon. President, Sr. M. Assumption, St. Joseph's Hospital; President, Miss Irene Murray, 21 Gladstone Ave.; Vice-President, Miss Catherine Crane, 24 Rutherford Ave.; Secretary-Treasurer, Miss Frances Quintin, 96 East Ave. South; Executive Committee, Miss Anna Maloney, 31 Erie Ave.; Miss Elizabeth Quinn, 12 Cumberland Ave.; Miss Margaret Brennan, 816 King E.; Miss Myrtle Leitch, 99 Queen S.; Miss Marie Brohman, Mt. View Apts., James S.; Charity Committee, Miss Mae Maloney; Sick Committee, Miss Margaret Kelly, 43 Gladstone Ave.; Representative to "The Canadian Nurse," Miss Clara Himner, 168 Walnut.

NURSES ALUMNAE ASSOCIATION OF THE KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss A. Baillie; President, Miss A. McLeod; First Vice-President, Mrs W. P. Peters; Second Vice-President, Mrs. G. H Leggett; Treasurer, Mrs. C. W. Mallory, 203 Alfred St., Kingston; Secretary, Miss Oleira M.Wilson ,Kingston General Hospital, Kingston, Ont.; Press Representative, Miss Evelyn E. Freeman, Kingston General Hospital, Kingston; Convener, Flower Committee, Mrs. G. Nicol, 355 Frontenac St., Kingston.

KITCHENER AND WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. James Westwell, Reg.N.; First Vice-President, Miss K. Grant, Reg.N.; Second Vice-President, Miss V. Berlett, Reg.N.; Secretary, Miss Nellie Scott, Reg.N., c/o Dominion Tire Factory; Asst. Secretary, Mrs. J. Donnley, Reg.N.; Treasurer, Miss E. Schneider, Reg.N., 45 Highland Rd.; Representative to "The Canadian Nurse," Miss Elizabeth Ferry, Reg.N., 102 Young St.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sr. Zeta, Superior; Hon. Vice-President, Sr. Patricia; President, Mrs. A. Kelly, 819 Elisa St., London; First Vice-President, Miss L. Golden, 382 Queen's Ave., London; Second Vice-President, Miss L. Morrison, 298 Hyman St., London; Recording Secretary, Miss H. Pitt, 440 Pall Mall St., London; Corresponding Secretary, Miss L. McCaughey, 359 Central Ave., London; Treasurer, Miss Rose Hanlon, 59 Elmwood Ave., London; Representatives on Board of Central Registry, Mrs. W. Tighe, Mrs. A. Kelly

Monthly Meeting—First Wednesday at St. Joseph's Assembly Hall.

VICTORIA HOSPITAL ALUMNAE ASSOCIATION, LONDON, ONT.

President, Miss Winnifred Ashplant, 807 Waterloo St.; First Vice-President, Miss Millie Turner, Victoria Hospital; Second Vice-President, Miss Mary Jacobs, Victoria Hospital; Treasurer, Miss Alma Anderson, 344 Richmond St.; Secretary, Miss Ethel Stephens, 190 Wellington, St.; Board of Directors, The Misses Ruttle, Rose, McPherson, McLaughlin, Gillies, and L. McGugan. "The Canadian Nurse" Representative, Miss Della Foster, 503 St. James St.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Hon. President, Miss Eleanor Johnston, R.N., O.S.M.H.; President, Miss L. V. McKenzie, R.N.; First Vice-President, Miss M. Harvie, R.N., O.S.M.H.; Second Vice-President, Miss M. Glennie, R.N.; Secretary-Treasurer, Miss G. Went, R.N.; Recording Secretary, Miss M. Dundas, R.N., O.S.M.H.

Directors—Miss Glennie, R.N.; Miss Gray, R.N.; Miss Mae Lelland, R.N.

Visiting Committee—Miss G. Dudenhoffer, R.N.; Miss Garry, R.N.; Miss Harvie, R.N.

Programme Committee—Miss Newton, R.N.; Miss Hart, R.N.; Miss Towle, R.N.

Regular Meeting—First Tuesday in each month.

OSHAWA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss E. MacWilliams; President, Mrs. G. M. Johnston; Vice-President, Miss Ada Rice; Secretary and Corresponding Secretary, Miss H. M. Jibb; Assistant Secretary, Miss M. Dickie; Treasurer, Miss J. Cole.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA. (Incorporated 1918).

Hon. President, Miss M. A. Catton, 2 Regent St.; President, Miss M. McNeice, 475 Lisgar St.; Vice-President, Miss E. McGibbon, 112 Carling Ave.; Secretary, Miss M. Stewart, Lady Grey Sanatorium; Treasurer, Miss Mary Slinn, 204 Stanley Ave.; Board of Directors, Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home; "Canadian Nurse" Representative, Miss C. Flack, 152 First Ave.

THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavia; Presideut, Miss M. Crilly; First Vice-President, Miss Florence Nevins; Second Vice-President, Mrs. A. Latimer; Membership Secretary, Miss E. Rochon; Secretary-Treasurer, Miss Juliet Robert, 139 St. Andrew St.; Representative, "The Canadian Nurse," Miss K. Bayley; Representatives to the Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Viau and Miss G. Evans; Representatives to Central Registry, Misses Egan and Stackpole and a member of each class.

THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.

President, Miss L. D. Acton; Vice-President, Miss E. Maxwell; Secretary, Miss Pearl McQuitty, St. Luke's Hospital; Treasurer, Miss G. Stanley.

Representative to Local Council of Women—Miss M. Hewitt.

Nominatin Committee—Mrs. Way, Miss N. Lovering, Miss S. Johnston.

OWEN SOUND GENERAL AND MARINE HOSPITAL NURSES ALUMNAE ASSOCIATION

Honorary President, Miss M. Sterling; President, Miss C. McLean, 1132 3rd Ave. E., Owen Sound; First Vice-President, Miss Olga Stewart; Secretary-Treasurer, Miss Grace Rusk, 952 5th Ave. E., Owen Sound; Asst. Secretary-Treasurer, Miss Webster; Sick Visiting Committee, Mrs. D. J. McMillan (Convener), Mrs. William Forgrave, Miss Cora Thomson; Programme Committee, Miss M. Graham (Convener), Miss E. Hopper, Miss B. Scott; Registrar, Mrs. L. Dudgeon; Press Representative, Miss Cora Stewart.

NICHOLLS' HOSPITAL ALUMNAE ASSOCIATION, PETERBORO, ONT.

Hon. President, Mrs. E. M. Leeson, Superintendent, Nicholls' Hospital; President, Miss Fanny Dixon, 538 Harvey St.; First Vice-President, Miss Walsh, Asst. Supt., Nicholls' Hospital; Second Vice-President, Miss Anderson, 212 London St.; Recording Secretary, Mrs. L. A. Law, 511 King St.; Treasurer, Mrs. Campbell Jordan; Correspondence Secretary and Representative to "The Canadian Nurse," Miss M. Ferguson, 476 Bonaccord St.; Private Duty Representative, Miss Reid; Representatives to Local Council of Women, Misses Anderson, Long, Stocker; Convener Socia Committee, Mrs. Maurice Pringle.

SARNIA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss K. Scott; President, Miss D. Shaw; Vice-President, Miss M. Fisher; Secretary, Miss P. Lumby; Treasurer, Mrs. Harrison Shanks; Representative to "The Canadian Nurse," Miss S. Laugher; Convener, Flower Committee, Miss Lee.

SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Rev. Sister Mary Dorothea; President, Miss Lillian Goatbe; First Vice-President, Mrs. J. O'Driscoll; Second Vice-President, Miss Stella Kehoe; Secretary, Miss Dora Baxter; Treasurer, Miss B. Spence.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss A. M. Munn; President, Miss M. Derby; Vice-President, Miss V. Meadows; Secretary-Treasurer, Miss C. J. Zoeger.

Representative to "The Canadian Nurse"—Miss C. J. Zoeger.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHERINES, ONTARIO

Hon. President, Miss H. T. Meiklejohn, Superintendent, Mack Training School; President, Mrs. Parnell, 161 Church St.; First Vice-President, Mrs. W. Durham, R.R. No. 4; Second Vice-President, Mrs. G. T. Zumstein, 18 Court St.; Secretary-Treasurer, Mrs. Dewar, Niagara Highway; Asst. Secretary-Treasurer, Mrs. Leo Battle Thorold, Ont.; Representative to "The Canadian Nurse," Miss Ethel Whittington, General Hospital; Class Corresponde t, Mrs. Steel, 16 Lowell Ave.; Programme Committee, Mrs. A. E. Mayer, Miss D. Colvin, Miss Mary Smith.

THE ALUMNAE ASSOCIATION AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONT.

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Olive Watterman, Memorial Hospital; President, Miss Myrtle Bennett Memorial Hospita; Vice-President, Miss Verna McCallum, 33 Wellington St.; Secretary, Miss Amy Prince, 33 Wellington St.; Treasurer, Miss Mary Malcolm, 33 Wellington St.; Representative, "The Canadian Nurse," Miss Hazel Hastings, 101 Curtis St.; Flower Committee, Mrs. J. A. Campbell and Mrs. Thos. Keith; Auditors, Miss Jean Killins and Mrs. J. A. Camp ell; Executive Committee, Miss L. Crane, Mrs. R. Stevenson, Mrs. L. Sinclair, Miss Hazel Hastings, Miss L. Cook.

TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. A. Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss Kathleen Russell; First Vice-President, Miss Jean E. Browne; Second Vice-President, Miss Agnes Neill; Recording Secretary, Miss Margaret Dulmage; Corresponding Secretary, Mrs. A. W. MacKay, 46 Doel Ave.; Treasurers, Miss Clara Vale and Miss Marguerite Malone; Councillors, Misses Ada Kennedy, Josephine Kilburn, Annie Dove, Ethel Cryderman and Mrs. Margaret Dewey.

ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. John Gray, 73 Manor Road; Recording Secretary, Miss A. O. Bell, Grace Hospital; Treasurer, Miss Ruth Garrow; Corresponding Secretary, Miss M. F. Hendricks, 26 Rose Park Crescent.

THE ALUMNAE ASSOCIATION OF GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO ONT.

President, Miss Edith Lawson, 130 Dunn Ave., Toronto; Vice-President, Miss Margaret Ferriman, 53 Herbert St.; Secretary, Miss Margaret Bing, 130 Dunn Ave.; Treasurer, Miss Ione Clift, 130 Dunn Ave.; Convener, Social Committee, Miss Mary Forman, 130 Dunn Ave.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Mrs. W. J. Smithers, Sussex Court Apts.; Vice-President, Miss Catherine MacKinnon, 100 Bloor St. W.; Sec.-Treas., Miss Lucy M. Loggie, Apt. 12, 610 Ontario St., Toronto.

RIVERDALE HOSPITAL ALUMNAE ASSOCIATION, TORONTO

President, Miss M. Jones, Riverdale Hospital; First Vice-President, Miss E. Scott, 340 Shaw Street; Second Vice-President, Mrs. Quirk, 15 Selby St.; Secretary, Miss D. Mick, Riverdale Hospital; Treasurer Miss A. Armstrong, Riverdale Hospital; Board of Directors, Miss. F. McMillan, Riverdale Hospital; Miss M. Thompson, Riverdale Hospital; Miss Hewlett, 11 Wheeler Ave.; Miss Davidson, 1 Howland Ave.; Mrs. Gribble, 8 Juniper Ave.; Conveners, Standing Committees, Sick and Visiting, Miss McLaughlin, Riverdale Hospital; Programme, Miss E. Scott, 340 Shaw St.; Central Registry, Misses Hewlett and Barrett; Representative, "The Canadian Nurse," Miss Delta Mick.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN, TRAINING SCHOOL FOR NURSES, TORONTO

President, Mrs. A. L. Langford; First Vice-President, Miss Hughes; Second Vice-President, Mrs. A. H. Babcock; Treasurer, Miss M. Jenkins, Hospital for Sick Children; Secretary, Miss Lowe, c/o Dr. Roy Simpson, 274 Danforth Ave.; Corresponding Secretary, Miss G. Clark, 406 Rushton Rd.; Conveners of Committees: Programme, Mrs. Sword; Social, Mrs. Grant Strachan; Sick Visiting, Mrs. Wm. Kerr; Representative, "The Canadian Nurse," Mrs. James, 165 Erskine Ave.; Representative R.N.A.O., Miss St. John; Representative, Central Registry, Miss Miller.

THE ALUMNAE ASSOCIATION OF ST. JOHN'S HOSPITAL, TORONTO

Hon. Presidents, Sister Beatrice and Sister Dorothy; President, Miss E. R. Price, 6 St. Thomas St.; First Vice-President, Miss G. Hiscocks, 498 Euclid Ave.; Second Vice-President, Miss S. Burnett, 577 Bloor St.; West; Recording Secretary, Miss S. Morgan, 28 Major St.; Corresponding Secretary, Miss Q. Turpin, 1364 Bathurst St.; Treasurer, Miss R. Ramsden, 6 Carey Road; Conveners of Committees: Sick Visiting, Miss S. Morgan; Entertainment, Miss V. Holdsworth, Islington, Ont.; Press Representative, Miss S. Burnett.

Regular meeting—third Thursday at 8 p.m

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

Hon. Presidents, Sr. M. Julianna and Sr. Amata; President, Miss Hilda Kerr, 60 Emerson Ave.; First Vice-President, Miss Eva Dunn; Second Vice-President, Mrs. W. H. Artken; Third Vice-President, Miss Ellen Graydon; Recording Secretary, Miss Margaret Nealon; Corresponding Secretary, Miss Marie McEnaney; Treasurer, Miss Irene McGurk; Directors, Miss Bertha Cunningham, Mrs. J. E. Day, Miss Marie Ellard; Conveners of Standing Committees, Misses M. Larkin, J. O'Connor, Helen Keeney.

VICTORIA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

WELLESLEY HOSPITAL ALUMNAE ASSOCIATION

President, Miss Vera Malone, 168 Isabella St.; Vice-President, Miss Edith Cowan, 100 Gloucester St.; Corresponding Secretary, Miss Edith L. Carson, 72 Homewood Ave.; Recording Secretary, Miss Marion Wansbrough, 5 Maitland Place; Treasurer, Miss Kathleen Leyton, 38 Helendale Ave.; Members of Executive, Mrs. Barry, Misses McFall, Anderson and Harrison; Representatives to Central Registry, Miss Helen Carruthers, 112 Bedford Rd., and Miss Elda Rowan; Correspondent to "The Canadian Nurse," Miss Ina Onslow, 100 Gloucester St.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss B. L. Ellis; President, Miss Wiggins; Vice-President, Miss Grace Sutton; Recording Secretary, Miss Ryde; Secretary-Treasurer, Miss Marjorie Agnew; Representative to R.N.A.O., Miss Lena Smith; Representative to "The Canadian Nurse," Miss McDougall; Representatives to Local Council of Women, Mrs. McConnell, Mrs. Heuston; Councillors, Mrs. Yorke, Misses Cooney, Phillips, Cook, McLean, Elva, Hewitt; Social Committee, Miss Smith, Miss Bishop.

Meetings—Second Tuesday each month, at 8 p.m., in Assembly Room of Western Hospital.

ALUMNAE ASSOCIATION WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman; President, Miss B. Stillman; Vice-Presidents, Miss Scott and Miss Fraser; Treasurer, Miss Chalk; Corresponding Secretary, Miss B. Peacock; Recording Secretary, Miss D'Arcy Barrie; Representatives to Local Council, Mrs. S. Johnson and Miss Patterson; Representatives to Private Duty Section, Miss Ennis and Miss Worth; Representative to "The Canadian Nurse," Miss L. Shaw.

THE ALUMNAE ASSOCIATION OF THE CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL FOR CONSUMPTIVES, WESTON, ONT.

Hon. President, Miss E. MacP. Dickson; President, Miss Hazel Dixon, Reg.N., Toronto Hospita for Consumptives; Vice-President, Miss Ella Robertson, Reg. N., Toronto Hospital for Consumptives; Secretary, Miss Josephine Wik, Reg.N., Toronto Hospital for Consumptives; Treasurer, Maude Powell, Reg.N., Toronto Hospital for Consumptives.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Mrs. J. McDiarmid; Vice-President, Miss L. M. Davidson; Recording Secretary, Miss Gladys Jefferson; Corresponding Secretary, Miss Jane Read, 375 Ingersoll Ave.; Treasurer, Miss H. Hamilton; Representative, The Canadian Nurse," Miss Anne Kerr.

GRADUATE NURSES' ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. Buck; President, Miss H. Buchanan; First Vice-President, Miss D. Ingraham; Second Vice-President, Miss D. Stevens; Corresponding Secretary, Miss M. Robins, 17 Magog St., Sherbrooke, P.Q.; Recording Secretary, Miss H. Hetherington; Treasurer, Mrs. Gordon Edwards.

LACHINE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss L. M. Brown; President, Mrs. McL. Murray; Vice-President, Miss K. Mason; Secretary-Treasurer, Mrs. D. H. Balmain, 383 St. Catherine St., Lachine, P.Q.

Regular Meeting—Second Monday of each month, at 8.15 p.m.

MONTREAL GRADUATE NURSES' ASSOCIATION

President, Miss L. C. Phillips, 3626 St. Urbain St.; First Vice-President, Miss C. V. Barrett, Royal Victoria Maternity Hospital; Second Vice-President, Miss Muriel Stewart, 99 Northcliffe Ave.; Secretary-Treasurer, Miss Susie Wilson, 38 Bishop St.; Registrar, Miss Lucy White, 38 Bishop St.; Asst. Registrar, Miss Helen S. Hill, 38 Bishop St.; Convener, Griffentown Club, Miss G. H. Colley, 261 Melville Ave., Westmount, Montreal.

Regular Meeting—First Tuesday in each month, at 8.15 p.m.

A.A. CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Hon. President, Miss A. Kinder; President, Miss E. Way; Vice-President, Miss D. Parry; Treasurer, Miss F. B. Laite; Secretary, Miss E. M. Hillyard; Representative, "The Canadian Nurse," Miss M. Wight; Representative, Private Duty Section, Miss Helen MacDonald; Sick Nurses Committee, Miss J. Chisholm, Miss E. Keegan; Members of Executive Committee, Mrs. C. H. P. Moore, Miss I. Lennon.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss N. G. E. Livingston; President, Miss C. Watling; First Vice-President, Miss S. E. Young; Second Vice-President, Miss McNutt; Recording Secretary, Miss M. Boa, Western Division, Montreal General Hospital; Treasurer Alumnae Association, Miss R. Stericker, 372 Oxford Ave., Montreal; Treasurer Sick Benefit Fund, Miss H. Dunlop, 223 Stanley St., Montreal; Corresponding Secretary, Miss A. E. Ward, Montreal General Hospital; Executive Committee, Misses F. M. Shaw, E. F. Strumm, L. White, F. L. Reed, M. Batson; Representative to "The Canadian Nurse," Miss Agnes Jamieson, 38 Bishop Street, Montreal; Representative to Private Duty Section, Miss Meigs, 6 Oldfield Ave., Montreal; Representatives to Local Council of Women, Miss Wainwright, Miss Colley; Sick Visiting Committee, Mrs. Lamb, Misses J. Murphy, M. Martin, M. Ross.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL, MONTREAL, QUE.

Hon. President, Mrs. Helen Pollock; President, Miss I. C. Garrick; First Vice-President, Miss D. Porteous; Second Vice-President, Miss M. Lunny; Secretary, Miss Galbraith, 800 Dorchester St. W.; Treasurer, Miss D. Miller; Representative Private Duty Section, Miss E. Routhier; Representative to Montreal Graduate Nurses' Association, Mrs. H. Pollock, Miss M. Lunny; Visiting Committee, Misses Routhier, Ryan, Pearce, Roe, Whitmore; "The Canadian Nurse" Representative, Miss J. S. Lindsay.

ALUMNAE ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, P.Q.

Honorary Presidents, Miss Draper, Miss Hersey; President, Mrs. Alma Stanley; First Vice-President, Miss Ethel Reid; Second Vice-President, Mrs. F. A. Scrimger; Recording Secretary, Mrs. Ray Roberts; Corresponding Secretary, Miss Marjorie Dobie; Treasurer, Miss Mabel Burdon. Executive Committee, Mrs. Stanley, Misses Goodhue, K. Davidson, A. M. Campbell, A. Deane; "The Canadian Nurse" Representative, Miss Helen Clark; Representatives to Local Council of Women, Miss A. M. Hall, Miss Gertrude Yeats; Convener Sick Visiting Committee, Miss Ethel Gall; Finance Committee, Misses Hersey, Goodhue, MacLellan, Enright, Maud Wright, Elsie Allder, Mrs. Stanley.

THE WESTERN HOSPITAL, MONTREAL, ALUMNAE ASSOCIATION

Honorary President, Miss Jane Craig; President, Miss Elizabeth Wright; First Vice-President, Mrs. Percy Robertson; Second Vice-President, Miss Edna Corbett; Secretary, Miss Ruby Kett; Treasurer, Miss Jane Craig; Conveners of Committees, Membership and Visiting, Miss Beatrice Dyer, Programme, Miss Marion Gillespie; Finance, Miss Evelyn MacWhirter. Representative to "The Canadian Nurse," Miss Olga V. Lilly.

THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Hon. President, Miss E. F. Trench; President, Mrs Crewe; First Vice-President, Mrs. Chisholm; Second Vice-President, Miss Morrison; Recording Secretary, Miss N. Brown; Corresponding Secretary, Miss L. Commerford; Treasurer, Miss E. F. Trench; Representative to "The Canadian Nurse," Miss E. L Francis; Sick Visitors, Mrs. Kirk and Miss Smiley Private Duty Representative, Miss Seguin.

Regular Meeting—Third Wednesday, at 8 p.m.

ALUMNAE ASSOCIATION OF JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Miss M. Shaw; President, Miss Elsie Walsh; First Vice-President, Miss A. Armour; Second Vice-President, Mrs. C. Young; Treasurer, Miss Muriel Fischer; Recording Secretary, Mrs. D. Jackson; Corresponding Secretary, Miss H. A. Mackay; Representative to "Canadian Nurse," Miss E. Fitzpatrick; Sick Visiting Committee, Misses G. Mayheu and Effie Jack; Private Duty Section, Miss Dorothy Ford; Councillors, Miss Dorothy Ford, Mrs. Craig, Mrs. L. Teakle, Miss C. Bignell and Miss Sims.

SHERBROOKE HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss Helen T. Buck; President, Miss Ella Morrisette; First Vice-President, Mrs. Roy Wiggett; Second Vice-President, Mrs. Colin Campbell; Treasurer, Mrs. Adele Dyson; Recording Secretary, Mrs. Gordon McRay; Corresponding Secretary, Miss Verna Beane; Correspondent to "The Canadian Nurse," Miss Helen Todd.

MOOSE JAW GRADUATE NURSES' ASSOCIATION

Hon. Advisory President, Mrs. Harwood; Hon. President, Mrs. Lydiard; President, Miss V. Winslow; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss L. Wilson; Secretary, Miss I. G. Bambridge, Moose Jaw General Hospital; Conveners of Committees: Press, Mrs. Phillips; Programme, Miss Latham; Social, Mrs. Lydiard; Constitution and By-Laws, Miss Stocker; Private Duty, Miss F. Wheeler; Public Health, Miss Riddell; Nursing Education, Mrs. Young; Representative to "The Canadian Nurse," Miss Stanser; Treasurer and Registrar, Miss C. Kier.

A.A. SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

Hon. President, Miss F. M. Shaw; Hon. Members, Miss M. F. Hersey, Miss S. E. Young, Miss G. M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Miss Mary Samuel; President, Miss F. L. Reed; Vice-President, Miss L. Dickson; Secretary-Treasurer, Miss D. Cotton; Representatives, Local Council of Women: Miss E. Sharpe, Miss G. Martin; Proxies, Local Council of Women: Miss M. Nash, Miss H. Hewton; Canadian Nurse Representatives: Administration, Miss F. Upton; Teaching, Miss K. Scott; Public Health, Miss M. Matthews; Convener Programme Committee, Miss M. Boa.

ALUMNAE ASSOCIATION OF THE DEPARTMENT OF PUBLIC HEALTH NURSING, UNIVERSITY OF TORONTO

Hon. President, Miss E. K. Russell; President, Miss C. B. Vale; Vice-President, Miss L. Beatty; Secretary-Treasurer, Miss C. Sparrow; Recording Secretary, Miss L. Radmore; Conveners of Committees: Programme, Miss W. Walker; Social, Miss C. Cale; Publicity, Miss A. O'Connor.

UNIFORMS THAT SATISFY

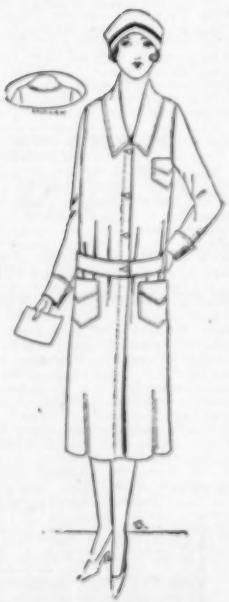
CNURSES UNIFORMSC

Style No. 8500

Style No. 8100

Style No. 8200

Style No. 8400



Style No. 8300

Full shrinkage allowance made in all our uniforms. Sent postpaid anywhere in Canada when your order is accompanied by money order. Prices do not include caps. When ordering, give bust and height measurements.

PRICES:

Style	Material	Price
8500, 8100, 8200, 8400, 8300	Middy Twill	$3.50 each or 3 for $10.00
8500, 8100, 8200, 8400, 8300	Corley Poplin	$6.50 each or 3 for $18.00

We also supply Caps, Bibs and Cuffs.

Prices Includes Sales Tax and Postage

MADE IN CANADA BY

All our Garments unconditionally guaranteed as to material and workmanship.

CORBETT-COWLEY
Limited

468 King St. W.
TORONTO

314 Notre Dame St. W.
MONTREAL

Growing Cells

require not only building materials, such as Protein, Lecithin, etc., but also adequate amounts of the so-called "Chemical Foods", Calcium, Sodium, Potassium, Maganese, Phosphorus, and Iron. Metabolism, moreover, is benefitted through the "dynamic" action of Quinine and Strychnine administered in small doses for a considerable period.

Compound Syrup of Hypophosphites

TRADE **"FELLOWS"** MARK

supplies all these elements in a stable, palatable, easily assimilable, and efficient form, to which over fifty years of use bear witness.

Samples and Literature on request

Fellows Medical Manufacturing Co., Inc.

26 Christopher Street **New York City, U. S. A.**

LISTERINE

A Non-Poisonous, Unirritating, Antiseptic Solution

Agreeable and satisfactory alike to the Physician, Surgeon, Nurse and Patient. Listerine has a wide field of usefulness and its unvarying quality assures like results under like conditions.

As a wash and dressing for wounds
As a deodorizing, antiseptic lotion
As a gargle
As a mouth-wash dentifrice

Operative or accidental wounds heal rapidly under a Listerine dressing, as its action does not interfere with the natural reparative processes.

The freedom of Listerine from possibility of poisonous effect is a distinct advantage, and especially so when the preparation is prescribed for employment in the home.

LAMBERT PHARMACAL COMPANY

263-5 ADELAIDE STREET WEST, TORONTO, CANADA

Please mention "The Canadian Nurse" when replying to Advertisers.

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

Vol. XXIII. WINNIPEG, MAN., NOVEMBER, 1927 No. 11

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—
JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

NOVEMBER, 1927

CONTENTS

		PAGE
Our Professional Heritage	*Florence H. M. Emory*	563
Editorial		566
A Message from the Chinese Nurses	*Nina D. Gage*	567
A Few Facts about Scientific Management in Industry	*Percy S. Brown*	568
The Registry	*Olga V. Lilly*	572
Immunity	*Dr. Frances G. McGill*	574
Flora Madeline Shaw: A Tribute	*Louise M. Dickson*	578
Photograph: Lady Chapel, Liverpool Cathedral		579
Second Biennial Conference, World Federation of Education Associations	*Ruby M. Simpson*	580
Department of Nursing Education: Case Study	*Katherine H. Scott*	586
Reports: New Brunswick and Quebec		588
Department of Private Duty Nursing: Pulmonary Tuberculosis: An Address	*Dr. A. R. Landry*	591
Department of Public Health Nursing: The Tuberculosis Hospital and its Facilities for Teaching Public Health	*E. MacPherson Dickson*	594
News Notes		598
Official Directory		607